BRAVO SCHOOL OF ART • 2690 Historic Decatur Rd. • Studio 206 • San Diego CA 92106 • (619) 223-0058

HEALTH FORM

Student Full Name (LAST, First, Middle)

____/____/____

Birthdate | Age | Sex

Healthcare Plan | ID#

Parent/Guardian Full Name | Relationship to student

(____) | (____)

Daytime Phone | Alternate Phone

Alternate Contact | Relationship to student

(____) | (____)

Daytime Phone | Alternate Phone

PART I: HEALTH INFORMATION

Basic Health History:

☐ Asthma
☐ Bleeding disorder
☐ Chronic cough
☐ Communicable diseases
☐ Convulsions/Seizures
☐ Dietary restrictions
☐ Fainting
☐ Food allergies
☐ Frequent headaches
☐ Hay Fever
☐ Heart trouble
☐ Hives
☐ Hyperactivity
☐ Severe allergic reactions
☐ Shortness of breath
☐ Trouble with ears
☐ Trouble with eyes

Allergies:
☐ Bee stings
☐ Hay fever
☐ Food allergies
☐ Penicillin
☐ other (specify): _____

Please comment on all checked items (use extra sheet if needed):

_____

_____

Immunizations: Is your child up to date on all state-required immunizations? ☐ Yes ☐ No

(If no, please explain.)

_____

Medications: Is your child taking any medication we should know about? ☐ Yes ☐ No

Bravo School of Art Staff is not able to dispense medication.

Is there anything else - health related or not - that you would like us to know about this student?

PART II – CONSENT TO TREATMENT OF MINOR

The undersigned, as a parent or legal guardian of _____

_____
Student's full name – please print clearly

hereby authorizes Bravo School of Art and its staff members to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, Bravo School of Art will endeavor, but is not required to communicate with the undersigned prior to such treatment. The undersigned further agrees that Bravo School of Art and its staff members are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment.

_____
Parent/Guardian Full Name Relationship to Student

_____
Signature Date

PART III – PARTICIPATION CONSENT AND WAIVER

I understand and certify that my child's participation in any workshop, class, field trip or program is completely voluntary. I understand that in addition to instruction time inside of the Bravo School of Art studio, students may walk to the NTC Park and be given supervised recreational time there, and that students and staff may also walk to adjacent areas in and around the NTC campus during the session. Certain hazards and dangers are inherent in all of the above named activities, and I hereby release Bravo School of Art and its agents from any claims, demands, and causes of action as a result of my child's voluntary participation and enrollment. I understand that my child may be photographed during participation in said activities and I give my consent for pictures to be used for promotion for Bravo School of Art. I hereby give my full consent for my child to participate in the workshop, class, field trip or program at Bravo School of Art.

_____
Parent/Guardian Full Name Relationship to student

_____
Signature Date