

MEDICAL PERMISSION FORM

*This medical permission form must be completely filled out and on file with Ms. Mckenney before any student is allowed to participate in Dyami Dancers.

Student's Last Name_____

Student's First Name_____

Student's Date of Birth_____

Parent/Guardian(s)Name

Home Address_____

Home Phone_____

Cell Phone_____

Parent/Guardian(s) Work Phone_____

Is your child allergic to any medication?_____Yes ____No

If yes, please list medications_____

Any health concerns involving your daughter?_____Yes ____No

If yes, please explain_____

I/We_____release Kathleen Mckenney, Canyon Ridge Middle School and Leander ISD of all liability.

Signature of Parent/Guardian(s)_____Date_____