

**Texas Tech University
Department of Theatre and Dance
Student Health Information Form**

All students or others involved in departmental production activities must complete one of these forms before engaging in said activities.

NAME: _____ STUDENT NUMBER: ____ _ ____

LOCAL PHONE: _____ HOME PHONE: _____

PARENTS/GUARDIAN NAME(S): _____

IN CASE OF EMERGENCY CONTACT: _____

PHONE: _____

Please answer the following completely: (all responses will be kept in complete confidence)

Do you have student health insurance? ___yes ___no

Do you have private personal health insurance? ___yes ___no

Are you covered by your parent's health insurance? ___yes ___no

Do you have any physical limitations/conditions, which could affect your performance in the activities expected in this class?

___yes ___no (if yes please state below)

The Department of Theatre and Dance assumes no liability for students cast in productions, working on crews, or participating in related classroom activities. Students hurt while involved in departmental production activities and/or related class activities are responsible for their own medical expenses.