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)

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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.