

# CHARLOTTE BALLET ACADEMY

## DOCTOR'S NOTE

### Parent/Student Instructions

When your student sees a doctor for any injury or pain that may affect their participation in class, please fill out the top portion of this form and provide to your doctor at your appointment. This form must be returned to the School Office prior to returning to class.

Student Name: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Doctor's visit: \_\_\_\_\_

### Physician Instructions

Ballet training requires each student to be able to completely participate in a full range of sustained, repetitive, vigorous physical activities including but not limited to quick movements, bending, twisting, running, leaping and lifting, which place extreme demands on the human body, including stress of joints and ligaments, repetitive impact, and occasional falls, slips and collisions with other participants and objects. Please complete the following:

Diagnosis: \_\_\_\_\_

#### Please select:

Student may return to FULL PARTICIPATION in ballet and all other dance classes and rehearsals with NO RESTRICTIONS.

Student may return to LIMITED PARTICIPATION in ballet and other dance classes and rehearsals with the following RESTRICTIONS:

\_\_\_\_\_  
\_\_\_\_\_

Student MAY NOT PARTICIPATE in classes at this time and will be will be reevaluated on \_\_\_\_\_ (specific date). In the meantime, the student will participate in the following course of treatment:

\_\_\_\_\_  
\_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN this form to the Charlotte Ballet Academy prior to your next class.

