

YOGASHINE FOR KIDS
7-11 Legion Drive, Valhalla, NY 10595

CONFIDENTIAL HEALTH INFORMATION, EMERGENCY CONTACT INFO
AND GENERAL RELEASE FORM
(to be updated annually)

Child's Name _____ Child's Birthdate: _____

Parent(s) Names _____

Phones-Mother -h: _____ cell: _____ w: _____

Father - h: _____ cell: _____ w: _____

Brothers/Sisters - names & ages _____

Address/ Zip _____

Have any family members practiced yoga? _____ If so, for how long? _____

It is important to use a Health Information form in order for YogaShine to learn of and keep track of any medical conditions that may impact your child as a Yoga student. In addition to completing this form, it may be necessary to obtain a Doctor's release.

As your child's yoga teacher, I take her/his physical and emotional well being very seriously. Since there are certain contraindications involved in some of the postures and breathing exercises, it is important that you be **TOTALLY HONEST AND THOROUGH** with me regarding any conditions prior to or during the series of your child's participation in classes.

EMERGENCY CONTACT INFORMATION:

Who should we call first and at what number(s)?

Who should we call next and at what number(s)?

Who should we call next and at what number(s)?

PLEASE CONSIDER: If no one has been able to be reached by phone and Vitalah deems it an emergency, I give my permission to Vitalah Simon to call 911, and to decide if my child needs to go to the hospital.

Parent or Guardian's signature _____

Do you have a preference what hospital your child should go to if needed?

(over)

HEALTH INFORMATION:

Please check all of the following that apply to your child:

- Allergies (to: _____)
- Aids/HIV
- Anemia
- Anxiety Attacks (describe below)
- Asthma
- Back Pain (describe below)
- Back Injury (describe below)
- Convulsions (describe below)
- Diabetes
- Dizziness
- Eye/Vision problems
- Headaches (chronic)
- Heart Trouble (describe below)
- Hypertension/High Blood Pressure
- Neck pain (describe below)
- Orthopedic problems (describe below)
- Recent surgeries (describe below)
- Respiratory problems (describe below)
- Spinal Problems: If so, what area of the spine? _____
- Seizure Disorder: type _____
best methods of care _____

____ Other (and explanations of items above)

FOR SPECIAL NEEDS KIDS:

Comments on labor and delivery _____

What was your child's diagnosis at birth? _____

What is your child's diagnosis at present? _____

What are the physical symptoms of the disability?:

FOR ALL KIDS:

Gross Motor Issues:

Fine Motor Issues:

Behavioral/Emotional Concerns:

Communication - Verbal Skills (receptive/expressive):

If not explained above, please describe any PAST AND CHRONIC physical and/or emotional injuries, conditions and limitations, including surgeries, that in any way currently effects your child's ability to participate in yoga classes (give dates, be specific)

If not explained above, please describe any CURRENT physical and/or emotional injuries, conditions and limitations that in any way effects your child's ability to participate in yoga classes (give dates, be specific,):

Is your child under a Doctor's care for any of the above conditions or any other condition? Please describe and for what condition(s).

Is your child taking any medications? If so, please list the medications and for what condition they are being taken.

Are these medications self-administered? yes_____ no_____

Can you think of any other reason, such as a recent physical illness or chronic condition that might contraindicate the practice of certain yoga poses, such as inversions?

Child's current school, grade, and classroom placement (eg., restricted classroom, mainstreamed, typical, etc.):

Special services received in school and frequency:

Special services received outside of school:

How would you describe your child's attention span, concentration, and general awareness? _____

Would you characterize your child as happy, aggressive, enthusiastic, passive, excitable, depressed, introverted, extroverted, etc? _____

How would you describe your child's relationship

a) with you _____

b) with person who is bringing him to class _____

c) with other family members (be specific) _____

d) with peers _____

Do you have any written evaluations by teachers, doctors or therapists? Please attach copies when possible. _____

STATEMENT OF PERSONAL RESPONSIBILITY

I, _____, the undersigned, have answered all questions honestly and to the best of my knowledge. The undersigned assumes all risk of damage or injury that may occur to her/his child/ward as a student in Yoga classes or Yoga/Movement Therapy sessions, both while attending classes and during personal yoga practice outside of class. The only exception to this will be if there is gross negligence on the part of the YogaShine instructor. In consideration of being accepted as a Yoga student, the undersigned releases the instructor Vitalah Gayle Simon, the YogaShine Studio, and any institution that holds enrollment and houses these Yoga classes, free of claims, demands and causes of action of any nature, whether present or future, anticipated or unanticipated, known or unknown, that result from the undersigned's participation in Yoga classes or practice of Yoga outside of the class. This release of liability covers all damages and attorneys fees (trial and appellate).

Signature of Parent or Legal Guardian

Witnessed by

_____ **Date** _____

_____ **Date** _____