

MEDICAL RELEASE AND TREATMENT
PERMISSION FORM

STUDENT'S NAME _____

SCHOOL _____ GRADE _____

I certify that _____ is physically capable and able to fulfill the requirements to try out for a position in dance. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter, in the event of illness or injury during any school-sponsored dance activity during which either parent cannot be reached. If there is any physical or medical reason why he/she should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during tryouts.

(PARENT/GUARDIAN SIGNATURE)

(DATE)

In the event of an emergency occurring while my son/daughter is on a school-sponsored practice, performance, or trip, I grant permission to the school and its employees to take whatever action is necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter to receive medical treatment.

STUDENT _____ PARENT/GUARDIAN _____

HOME PHONE _____ BUSINESS PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PERSON TO BE NOTIFIED OTHER THAN PARENT OR GUARDIAN IN AN EMERGENCY: _____

PHONE _____

FAMILY DOCTOR _____ PHONE _____

If you DO NOT grant permission or authorization for consent to medical treatment, what procedure should be followed?

INSURANCE COMPANY _____ POLICY NUMBER _____

(PARENT/GUARDIAN SIGNATURE)

(DATE)

MEDICAL INFORMATION (Circle one)

HEART CONDITION	YES	NO
DIABETES	YES	NO
CONVULSIONS	YES	NO
ASTHMA	YES	NO
ALLERGIC TO MEDICATION	YES	NO
ALLERGIC TO INSECTS STINGS	YES	NO

STATE ALLERGIES _____

ADDITIONAL MEDICAL INFORMATION THAT MAY BE HELPFUL _____

LIST ANY MEDICATION(S) CURRENTLY RECEIVING: _____
