Print Form

Parental Consent for Medical Treatment

I hereby consent and approve of our child attending a function sponsored by **Ballet South**.
This release gives the designated Staff and Chaperones of the School of Performing Arts permission to take my child to the near available medical facility and have the necessary treatment administered. Many hospitals will not administer any medical attention to a minor without parental consent. This release gives your permission to seek whatever medical attention the staff and chaperones deem necessary. PLEASE ATTACH A COPYOFYOUR MEDICAL INSURANCE CARD AND HAVE THIS FORM NOTORIZED!

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT LL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE THE DESIGNATED STAFF AND ADULT CHAPERONES OF THE SCHOOL OF PERFORMING ARTS PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD. IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY THE SCHOOL REPRESENTATIVES, I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE THE SCHOOL OF PERFORMING ARTS FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD SO LONG AS THE SCHOOL REPRESENTATIVES ARE NOT GROSSLY NEGLIGENT.

_____ _____
Name of Child (Please Print) Street Address

_____ _____
Date of Birth City, State Zip

_____ _____ _____
Parent's Names (Please Print) Cell Phone (Father) Cell Phone (Mother)

_____ _____ _____
Home Phone Work Phone(Father) Work Phone(Mother)

If parents are not available, please call relative below:

_____ _____ _____ _____
Name Home Phone Work Phone Cell Phone

_____ _____
Street Address City, State Zip

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc. which may be needed in any treatment.

_____

_____

_____ _____
Child's Physician Parent/Guardian's Medical Insurance Company

_____ Policy Number_____
Physician's phone number PLEASE ATTACH COPY OF THE CARD

This release is effective from September 20____ through June 20____.

_____ _____
Signature Date

_____
Notary Signature

_____
Notary name (Please print)

This person appeared before me and ☐ was personally known to me ☐ presented _____ for identification
(Please check one) (must present photo ID)

MEDICAL RELEASE