

EMERGENCY TREATMENT

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without the parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of Ballet Arts, this will allow the hospital to treat the injury.

EMERGENCY INFORMATION

Name: \_\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents' Names: \_\_\_\_\_

Father's SS#: \_\_\_\_\_ Mother's SS#: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Another Person to Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CONSENT STATEMENT AUTHORIZING TREATMENT

Parent's Signature: \_\_\_\_\_

Student's Signature (if over age 18): \_\_\_\_\_

PARENT'S CONSENT

I hereby give my consent for \_\_\_\_\_ to dance with Ballet Arts, Inc.

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