

MEDICAL RELEASE

Name: _____

Mom's Name: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Date of Birth: _____

Dad's Name: _____

Emergency Contact(other than parent)

Cell Phone: _____

Work Phone: _____

Emergency Phone: _____

Dentist: _____

Doctor: _____

Dentist Phone: _____

Doctor Phone: _____

Allergies: _____

Preferred Hospital: _____

Medications: _____

Insurance Carrier: _____

Medical Conditions/Health Concerns:

Policy Number: _____

CONSENT FOR MEDICAL TREATMENT:

As the parent or guardian of the above-named child, I request that in my absence the above-named child be admitted to any hospital or medical facility for diagnosis and treatment. I authorize all licensed physicians, dentists, and staff to perform any diagnostic, treatment, X-ray, and operative procedures for the above-named child. I have not been given a guarantee as to the results of any examination or treatment.

RELEASE OF LIABILITY:

Recognizing the possibility of injury associated with dance and in consideration of Katie Lindsey and her affiliates instructing the above-named child for dance camp and other activities, I hereby release, discharge, and/or otherwise indemnify Katie Lindsey, her affiliated organizations, personnel, and volunteers, including the facilities (Milwood Baptist Church) utilized for the dance camp, against any claim by or on behalf of the above-named child as a result of the child's participation.

X

Signature of Parent/Guardian

Date

***Please attach a copy of your Insurance Card**