

Emergency Medical Authorization Form



STUDENT NAME: _____ DOB: _____

HOME ADDRESS: _____

_____ ZIP: _____

PHYSICIAN: _____ PHONE: _____

PREFERRED HOSPITAL: _____

KNOWN ALLERGIES: _____

SPECIAL NEEDS/HEALTH LIMITATIONS: _____

In case of emergency, attempt to contact a parent at home or at work. If we cannot be reached, attempt to contact the alternate listed below:

NAME: _____ PHONE: _____

I agree to emergency treatment as deemed necessary by the medical personnel designated by the instructors, administrators, and support group of BC Dance. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named player. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named player may be given.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

HOME PHONE: _____ WORK PHONE: _____

OTHER PHONE: _____ DATE: _____

I/we give our permission for _____ to participate in BC Dance. I verify that my child has been checked by a licensed physician and is physically able to participate. Realizing that such activity involves the potential for injury which is inherent in dance and traveling (air and ground); I/we acknowledge that even with qualified instruction, use of approved equipment, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. Insurance is the responsibility of the parents or guardians. I/we certify that the address/phone number listed below is correct. I/we do have medical insurance for the player named above. (circle one) YES NO

INSURANCE CARRIER: _____ POLICY #: _____

POLICY HOLDER: _____ PHONE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

Information Current (initial): 2017/18 _____ 2018/19 _____ 2019/20 _____ 2020/21 _____ 2021/22 _____