

# Emergency Medical Authorization Form



**bc dance**

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

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INSURANCE CARRIER: \_\_\_\_\_

POLICY #:



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POLICY HOLDER: \_\_\_\_\_

PHONE:

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

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Information Current (initial): 2014/15 \_\_\_\_\_ 2015/16 \_\_\_\_\_ 2015/16 \_\_\_\_\_ 2016/17  
\_\_\_\_\_ 2017/18 \_\_\_\_\_