

**Emergency Medical Authorization Form**

**Part I - To Grant Consent**

**This is to certify**

**that** \_\_\_\_\_

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**(Parent or guardian name & address)**

**As parent or legal guardian for our  
child(ren):** \_\_\_\_\_

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**(Participant's names) and ages**

**Give consent in our absence to medical care from any licensed  
physician, hospital or clinic for the above mentioned child(ren), for  
any illness or injury that could arise from participation in the Mary  
Kay Manning Dance Studio classes and workshops.**

**Parent's phone numbers:**

\_\_\_\_\_  
\_\_\_\_\_

**Physician's name and phone**

**number** \_\_\_\_\_

\_\_\_\_\_ **Insurance**  
**Information** \_\_\_\_\_

**\*\*PLEASE NOTE THAT ANY CHRONIC CONDITIONS IN WHICH ANY MEDICATIONS ARE GIVEN ON A REGULAR BASIS, NAMES AND DOSAGES OF MEDICINES, DIETARY RESTRICTIONS AND/OR ALLERGIES.**

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**Signature of Parent or Legal**  
Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Part II - Refusal to Consent**

I do not give my consent for emergency medical treatment of my child(ren). In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action.

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**Signature of parent or legal**  
guardian \_\_\_\_\_  
Date \_\_\_\_\_

**Address**

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