

Please return to Office Manager at time of registration

Broadway South Dance Studio Medical Release Form

I, _____ (parent/guardian's name), hereby give permission for any and all medical attention to be administered to my child, _____ (child's/children's name(s)), in the event of an accident, injury, sickness, etc. under the direction of the physician(s) listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective at least to the end of the dance season following the current season, but for not less than a period of one year from the date given below.

Street address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Insurance Company: _____

Policy Number: _____

Child's Physician: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Physician's Phone: _____

Known Allergies & Existing Medical Conditions: _____

Emergency Contact Phone Numbers: _____

Parent/Guardian Signature: _____

Date Signed: _____