

AUTHORIZATION FOR MEDICAL TREATMENT

Student Name _____ Name of your School _____

City _____ State _____

Camp attending _____ Date _____

Every attempt will be made to contact the parent or guardian of the student prior to any unusual medical treatment. The undersigned parent or guardian of the student agrees that in the event of emergency illness or accident that a licensed M.D. shall be authorized to administer medical or surgical treatment deemed necessary for the treatment of the student.

Signature of Parent or Guardian _____

Date _____, 20____.

Student SS # _____ Parent or Guardian Name (printed) _____

Address _____ City _____ State _____ Zip _____

Home # _____/_____

Office # _____/_____ Name at office _____

In case of emergency, if parent or guardian cannot be reached, please contact:

Name _____ Phone# _____/_____

Please list any pertinent medical information applicable to allergies, nervous disorder, heart trouble, diabetes, epilepsy, etc.:

Please list any regular medication that the student is currently taking, or medication necessary for any special condition:

NOTICE: THIS FORM MUST BE PRESENTED PRIOR TO ADMISSION TO CAMP. Should religious or other considerations prevent such authorization for necessary emergency treatment from being provided as stated above, then the student must present, in lieu of this form, a notarized statement to give oaths or affirmations releasing **AMERICAN DANCE/DRILL TEAM SCHOOL®**, its officers and employees as well as the camp site location, of any liability resulting from any personal injury which may occur as a result of participating at an American Dance/Drill Team® camp.