

**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.