

I.C.I. STUDIO  
EMERGENCY MEDICAL AUTHORIZATION

*(For minor children who are dropped off at private lessons. A copy of this authorization will be permanently kept on file.)*

I, the undersigned parent/guardian of \_\_\_\_\_  
**(print child's first & last name)**, do hereby authorize the instructors and staff of I.C.I. Studio to make any decisions regarding any emergency medical care deemed necessary to be rendered to the above named child for his/her care and safety and I authorize and consent to such care.

The undersigned understands that reasonable and diligent efforts will be made to contact the Emergency Contact(s) listed below in an effort to consent to all medical treatment unless delay in such treatment could jeopardize the child.

The undersigned takes full responsibility for any financial cost that may be incurred for medical care of the above named child and further agrees to indemnify and hold harmless I.C.I. Studio (including its instructors and staff) from any and all liability occasioned by such medical treatment and decision-making.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PLEASE PRINT EMERGENCY CONTACT INFORMATION BELOW

\_\_\_\_\_  
Above Parent/Guardian Name

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Additional Emergency Contact Name

\_\_\_\_\_  
Cell #

**Child's Date of Birth:** \_\_\_\_\_