**Carousel Dance Studio Permission Form**

Carousel Dance Studio 23715 Roscoe Blvd. West Hills, CA 91304

(818) 347-9926 [carouseldance@gmail.com](mailto:carouseldance@gmail.com) [www.carouseldancestudio.com](http://www.carouseldancestudio.com)

PARENTS PERMISSION FOR ACTIVITY / PLEASE COMPLETE AND SIGN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate in:

**Dance Class in Taxco Trails Park**

From: 7/16/2020 To: 8/13/2020

I agree to direct my child to cooperate with directions and instructions of the Carousel Dance Studio

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Sign & Date)

PARENT'S AUTHORIZATION FOR MEDICAL CARE PLEASE COMPLETE AND SIGN:

Should it be necessary for my child to have medical care while participating in this activity, I hereby give Friends of Carousel Dance Studio personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by the staff of Carousel Dance Studio to render medical care deemed necessary and appropriate by the physician. I understand that Carousel Dance Studio and it’s Staff has no insurance covering such medical or hospital costs incurred by my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Doctor:

Hospital Plan:

Phone Member # / Group # / Certificate #

My Child is allergic to the following medications/foods:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Medications Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May Carousel Dance Studio administer Acetaminophen / Ibuprofen to your child?

Yes \_\_\_ No \_\_\_

**Parent's Authorization Signature X Date**

**Note: This form may be duplicated as necessary.**