



PARENTAL CONSENT FOR EMERGENCY MEDICAL/SURGICAL TREATMENT AND MEDICAL INFORMATION FORM

In presenting my (our) child for diagnosis and treatment

Parent Information

Name: Son () Daughter ()

Name: _____

Born ; I/ We as parents/guardians

Address: _____

Name: Mother () Father () Legal Guardian ()

Telephone # _____

Emergency Contact: Phone: _____

hereby voluntarily consent to the rendering of such care and medical treatment, including diagnostic procedures and blood transfusions, by authorized prehospital personnel and members of the hospital staff, as may in their professional judgment be necessary or in the best interest of my child.

Emergency Contact: Phone: _____

Insurance Information

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.

Name of Carrier: _____

Policy # _____

I have read this form and I certify that I understand its contents.

Physician Information

In addition I/we hereby give my (our) consent to:

YACB Academy of Dance / Ballet Continental (Name of person/agency)

Pediatrician: _____

Telephone # _____

who will be caring for my (our) Son/Daughter

Family Physician: _____

for the period September 2020 to August 2021 to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my (our) child.

Telephone # _____

I/we acknowledge that I am (we are) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Surgeon: _____

Telephone # _____

Signature Mother () Father () Legal Guardian ()

Dentist: _____

Telephone # _____

Medical Problems

Date: _____

Witness: _____

Date: _____

Comments _____

Medications: _____

Hospital preference: (if stable)

Allergies: _____

Date of last tetanus booster: _____

