



Primary health care provider _____ Phone _____

Dental provider _____ Phone _____

The following information will be used to contact those persons who will be responsible for making emergency medical decisions on behalf of the child listed above. Parental or guardian contact information must be updated if/when it changes. ONLY LIST THE NAMES OF THOSE WHO HAVE AUTHORITY TO MAKE DECISIONS IN AN EMERGENCY SITUATION INVOLVING THIS CHILD. List at least one person who may be contacted in an emergency in the event the parents or guardians are unavailable. Additional persons and their contact information can be listed on the back of this form.

Mother's name

_____ Cell _____ Home _____
Last First

Address _____
Street City State Zip

Mother's Employer _____
Name Address Work Phone

Father's name

_____ Cell _____ Home _____
Last First

Address _____
Street City State Zip

Father's Employer _____
Name Address Work Phone

ADDITIONAL EMERGENCY CONTACT

Name _____ Cell _____ Home _____
Last First

Address _____
Street/Apt.# City State Zip



Employer

Name	Address	Work Phone
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MEDICAL CONDITIONS

Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.

Child's Name _____ Birth Date _____

Medical Condition(s) _____

Medications currently being taken by your child _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes the responsible person at The St. Petersburg Ballet Conservatory (the "Organization") to have your child transported to that hospital. It also authorizes ORGANIZATION personnel to contact the child's primary care or dental provider, in the event of an emergency. By signing this agreement, you acknowledge that the Conservatory



does not provide any health insurance covering said student during the activities referred to herein and you understand that it is your responsibility as parent or guardian to obtain health insurance covering said student. You also agree to accept the sole responsibility for the costs of medical care.

I HEREBY GIVE PERMISSION FOR THOSE RESPONSIBLE FOR MY CHILD AT THE ORGANIZATION TO AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN THE EVENT OF AN EMERGENCY. In consideration of my child being permitted to participate in the event(s) described above and other valuable consideration the receipt of which is acknowledged, I hereby **AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE ORGANIZATION** and its agents and employees from any and all past, present, future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages **INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE ORGANIZATION, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS**, and including, without limitation, interest, penalties, court costs, attorney's fees, and expenses resulting from or on account of injury to my child, myself, or my property in connection with any medical care provided to my child. I **FURTHER RELEASE** any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Florida and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through me, arising out of or relating to the care anticipated by this form shall be settled by binding arbitration conducted by the American Arbitration Association, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recitals.

I FURTHER STATE that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____