

Vineyard Ballet Academy

Authorization and Consent for Emergency Medical/Dental Treatment

Authorization

I hereby authorize Vineyard Ballet Academy, or any staff member thereof, or in her/his absence or disability, any adult accompanying or assisting her/him, to obtain all emergency medical and/or dental treatment prescribed by a duly licensed physician and/or dentist in the event of my injury or illness while at Vineyard Ballet Academy or a function thereof in order to preserve life, limb or well-being. I understand and agree that I am financially responsible for any service or treatment so procured. I also hereby certify that I am in good health and am able to participate in all activities of Vineyard Ballet Academy. Should an accident occur, I hereby release all responsibility from Vineyard Ballet Academy. I understand that it is my responsibility to keep the information on this form updated (including health history).

Signature

Date

EMERGENCY CONTACT INFORMATION (Please print clearly)

Name of Emergency Contact

Relationship to Dancer

(_____)_____
Phone Number

(_____)_____
Alternate Phone Number

Dancer's Physician

(_____)_____
Phone Number

Medical Insurance and ID #

Dancer's Dentist

(_____)_____
Phone Number

Dental Insurance and ID#