

New Century Dance School
Emergency Medical Authorization

Should it be necessary for _____ to have emergency medical treatment while participating in any activity affiliated with New Century Dance, I hereby authorize New Century Dance to use their judgment in obtaining medical services. I further authorize any individual selected by New Century to render such emergency medical treatment, as he/she may deem necessary and appropriate. I understand that New Century does not collect any insurance charge from its students to pay for medical or hospital costs; therefore, any and all costs shall be my sole responsibility.

Signature of Student or Parent if under 18

Relationship to Student

Date

Doctor Name

Doctor Phone #

Medical Number

Please list: Any physical/medical problem that would restrict ability to participate in any type of activity; past injuries that may restrict physical activity now, and any and all allergies, especially to foods.
