

Dance Showcase/JPTO Emergency Medical Treatment Form

Dancer's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Emergency Contact other than Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any health conditions Dance Showcase/JPTO should be aware of: \_\_\_\_\_

Special Instructions for emergency: \_\_\_\_\_

Hospital of choice in case of emergency: Closest Hospital or \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_

We, the undersigned parents or guardians of the above named child enrolled in Dance Showcase/JPTO School of Dance do hereby release, absolve, indemnify and hold harmless the Dance School Directors, Instructors, the JPTO Board of Directors and Dance School Volunteers from any and all responsibility for injury, loss of property and accidents resulting from participation in Dance School-Sanctioned Classes, Rehearsals, Performances, etc.

I give permission to the Dance School Instructors and/or Managers to seek emergency medical attention for my child, if needed. If they are unable to contact me or the above named emergency contact person, they have my permission to take my child to the Emergency Room at a local Hospital. I further agree to assume all financial responsibility for all medical and rehabilitative care which may be necessary for my child as a result of injury while participating in the Dance Program. As such, I acknowledge and guarantee the existence of sufficient medical insurance covering my child.

I hereby waive any right which I may have to seek on behalf of my child or myself any contribution from the Dance School Directors, Instructors, the JPTO Board of Directors or any Dance Volunteer for such medical care.

Parent's or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_