



40790 Garfield Road | Clinton Township | 48038 | 586.946.4622 | cdirector@macombballet.org | www.macombballet.org

EMERGENCY CONTACT & MEDICAL FORM

PARENT'S NAME

STUDENT NAME

BIRTHDATE

AGE

SEX M F

ADDRESS

CITY

ZIP CODE

EMAIL ADDRESS

HOME PHONE ()

CELL PHONE/WORK ()

PLEASE LIST TWO EMERGENCY CONTACTS (OTHER THAN PARENTS)

NAME	PHONE	RELATION
NAME	PHONE	RELATION

MEDICAL INFORMATION

FAMILY DOCTOR	PHONE
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MEDICATION TAKEN REGULARLY

LIST ANY ALLERGIES

DOES THE CHILD HAVE ASTHMA? Y N	INHALER TYPE
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LIST PREVIOUS INJURIES THAT COULD BE OF CONCERN IN AN EMERGENCY

INSURANCE INFORMATION

INSURANCE COMPANY NAME
CONTRACT NUMBER
SUBSCRIBER NAME
GROUP NUMBER
SERVICE CODE

RELEASE OF LIABILITY-SIGNATURE REQUIRED

As the legal parent or guardian, I release and hold harmless Macomb Ballet Company (MBC) and its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of MBC and its owners and operators or in route to or from any of said premises. I also allow MBC to use photos and or videos for any advertising or publications. I have read and agree to follow MBC Policies.

PARENT/GUARDIAN SIGNATURE	DATE
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In the event of a serious accident or illness, I request that a representative of the MBC contact me. If I cannot be reached, I request that contact is made with the physician named and their instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the dance studio to transport my child to the hospital for emergency care. The hospital agents, or a licensed physician, may administer such emergency treatment as they deem necessary under the circumstances.

PARENT/GUARDIAN SIGNATURE	DATE
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I do not give my consent for emergency medical treatment of my child. In the event of serious illness or injury requiring emergency treatment, I wish the MBC to take no action or to:

PARENT/GUARDIAN SIGNATURE	DATE
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