

STUDENT HEALTH INFORMATION & EMERGENCY CONSENT

SS#: _					Birth Date:			
				Student's Cell:				
Studer	nt resides with: Both p	arent/guardians _	Parent/Gu	ardian #1 P	arent/Guardian #2	2		
	t/Guardian #1			<u> </u>	Guardian #2			
Full Name:								
	ss:							
City: _				City:				
	Phone (home)				Phone (home)			
					(cell)			
	(work)				(work)		 -	
Critica	l Medical Information							
	of last Tetanus Inoculat							
	es:							
Pertine	ent Medical Information	on:						
Althou	igh this information is	recorded elsewhe	re, this particul	ar form goes with	the student to a	doctor's appointm	ent or the	
hospit	al in the event of an er	mergency. In man	v situations, tim	ne is of the essen	ce and having criti	cal information re	peated here will	
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speed	up the process. For th	iis reason, piease	ao not refer us	to other informa	ition on file.			
	orization for Care							
	orization for Care ndersigned hereby a	uthorizes and gr	ants faculty/s	taff of Motion4	L Dance permiss	ion to administe	r care and	
The u		_	ants faculty/s	taff of Motion4.	L Dance permiss	ion to administe	r care and	
The u	ndersigned hereby a		rants faculty/si	taff of Motion4:	L Dance permiss	ion to administe	r care and	
The u	ndersigned hereby a	(Full Name	e of Student)		·			
The u	ndersigned hereby a nent for:	(Full Name	e of Student)		tionship of			
The untreatn	ndersigned hereby a ment for: (Name of Parent o	(Full Name	e of Student)	_ being the rela	tionship of(M	other, Father, Le	egal Guardian)	
The untreatn	ndersigned hereby a ment for: (Name of Parent c aving legal custody c	(Full Name or Guardian) of the above-nan	e of Student) ned student, d	_ being the rela	tionship of (M e performance c	other, Father, Le	egal Guardian) gnostic and	
The untreatment of the unit of	ndersigned hereby a ment for: (Name of Parent caving legal custody capeutic testing, proce	(Full Name or Guardian) of the above-nan dures, care (incl	e of Student) ned student, d uding but not	_ being the reladed to consent to the limited to x-ray	tionship of (M e performance c examination, an	other, Father, Le of any and all diag esthetic, medica	egal Guardian) gnostic and al or surgical	
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The untreatrall,and hatherall	(Name of Parent of aving legal custody of peutic testing, procement, drug screening ared to the minor under the content of the conte	(Full Name or Guardian) of the above-nan dures, care (incl g, hospital care a der supervision c	e of Student) ned student, d uding but not nd psychologio	_ being the related to consent to the limited to x-ray cal, psychiatric ance faculty/sta	tionship of (M e performance c examination, an and academic co aff. In that regar	other, Father, Le of any and all diag esthetic, medica unseling and tes d, I hereby appo	egal Guardian) gnostic and al or surgical ting) to be int Motion41	
The untreatnd in the	(Name of Parent of aving legal custody of peutic testing, procement, drug screening ared to the minor under of Omaha, Nebrask	(Full Name or Guardian) of the above-nan dures, care (inclus, hospital care a der supervision can, to act in my b	e of Student) ned student, d uding but not nd psychologio of Motion41 D ehalf in autho	_ being the related to consent to the limited to x-ray cal, psychiatric ance faculty/starizing any and a	tionship of(M e performance of examination, an and academic co iff. In that regar	lother, Father, Le of any and all diag esthetic, medica unseling and tes d, I hereby appo dures and care gi	egal Guardian) gnostic and al or surgical ting) to be int Motion41 iven under this	
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