



STUDENT HEALTH INFORMATION & EMERGENCY CONSENT

This form is to be completed by the parent(s) or guardian(s): please complete all sections.

Student's Full Name: _____ **Birth Date:** _____

SS#: _____ **Student's Cell:** _____

Student resides with: Both parent/guardians ___ Parent/Guardian #1 ___ Parent/Guardian #2 ___

Parent/Guardian #1

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (home) _____
(cell) _____
(work) _____

Parent/Guardian #2

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (home) _____
(cell) _____
(work) _____

Critical Medical Information

Date of last Tetanus Inoculation: _____

Allergies: _____

Pertinent Medical Information: _____

Although this information is recorded elsewhere, this particular form goes with the student to a doctor's appointment or the hospital in the event of an emergency. In many situations, time is of the essence and having critical information repeated here will speed up the process. **For this reason, please do not refer us to other information on file.**

Authorization for Care

The undersigned hereby authorizes and grants faculty/staff of Motion41 Dance permission to administer care and treatment for: _____

(Full Name of Student)

I, _____ being the relationship of _____
(Name of Parent or Guardian) (Mother, Father, Legal Guardian)

and having legal custody of the above-named student, do consent to the performance of any and all diagnostic and therapeutic testing, procedures, care (including but not limited to x-ray examination, anesthetic, medical or surgical treatment, drug screening, hospital care and psychological, psychiatric and academic counseling and testing) to be rendered to the minor under supervision of Motion41 Dance faculty/staff. In that regard, I hereby appoint Motion41 Dance of Omaha, Nebraska, to act in my behalf in authorizing any and all testing, procedures and care given under this Authorization. I understand that I will be responsible for the costs of any tests, procedures, or treatment performed hereunder.

Every effort will be made to contact the parent or guardian prior to any standard procedure. Only in an emergency would Motion41 Dance act prior to notifying the parents of any medical testing or treatment to be performed.

Signature of Parent/Guardian: _____ **Date:** _____