

# KINETIC REVELATION *academy of dance*

## AUTHORIZATION FOR MINOR'S MEDICAL TREATMENT

Participant's Full Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_  
Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact Name (Other than you): \_\_\_\_\_  
Emergency Contact Phone Number(s): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Employer: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
Doctor's Office Phone: \_\_\_\_\_ Doctor's Emergency Phone: \_\_\_\_\_  
Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Allergies to Medications: \_\_\_\_\_  
Allergies (Other): \_\_\_\_\_  
If applicable, please note the conditions for which the child is currently receiving treatment:  
\_\_\_\_\_

Note any other significant medical information:  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL AUTHORIZATION AND CONSENT OF PARENT OR LEGAL GUARDIAN

I grant my authorization and consent for a Supervising Adult employed by Kinetic Revelation Academy of Dance (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by \_\_\_\_\_ (minor student's name, "participant"). If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

I understand that in the event of a life threatening or emergency situation, every attempt will be made to reach me as soon as possible, so that I may make any remaining decisions.

## INDEMNITY AND RELEASE OF LIABILITY

I HEREBY UNCONDITIONALLY REMISE, RELEASE AND FOREVER DISCHARGE Kinetic Revelation Academy of Dance and their employees, directors, contractors, volunteers or agents, of and from any and all manner of actions, causes of actions, claims and demands of any nature which my child or I, as the parent or guardian of my child, may have in respect of any injury, loss or expense of any description or cause he/she may sustain arising out of or in any way connected with his/her participation in Kinetic Revelation Academy of Dance programs, including any claim in breach of contract, breach of duty of care and/or negligence.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date