



**Springfield Ballet Company
Consent and Treatment on a Minor
2018-2019 Performance Season**

Date _____

I, _____, the custodial parent and/or legal guardian of _____, a minor, do hereby grant my consent to any examinations, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care for the minor, which is deemed advisable by a qualified physician or local hospital. Furthermore, I understand and agree that I shall be responsible for any fees and expenses incurred as a result of such medical treatment.

Parent/Guardian Signature	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Emergency Contact Number	
2 nd Emergency Contact Number	
Insurance Company	
Insurance Policy Number	

List any allergies the minor has, their blood type, any medications the minor is taking, the date of the minor's most recent tetanus shot or booster and any other important medical information you believe is relevant.

Allergies: _____

Medications: _____ Blood Type: _____

Any other relevant information: _____

Explanation: It is our hope that the authorization granted on this form will never need to be used. This form will only be used when absolutely necessary, and only after every attempt has been made to contact the parent/guardian first. Please return this authorization promptly.