

## Medical Emergency Consent

In the case of a medical emergency, the Academy will make every effort to contact you as soon as possible. In case we cannot, we need your consent to secure the necessary health care for your student.

Name of student: \_\_\_\_\_

I represent that I am the parent/legal guardian of the above-designated student, who is a minor, and I hereby empower the authorities of the Michigan Ballet Academy to act on my behalf in case of an emergency. Permission is hereby extended to the medical profession as selected by the Michigan Ballet Academy to provide all necessary emergency medical attention.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please provide the information in the box below:**

Student:
Primary Contact Phone:
Birthdate:
Age:
Gender: M/F
Health Issues:

### HEALTH INSURANCE INFORMATION

***Please attach a photo copy of the front and back of your insurance card to this form.***