Columbia Dance Academy

Jeanne Szkolka

Owner/Director

4250 East Broadway, Suite 1031
Columbia, MO 65201
(573) 817-0486
JSdancer@socket.net

Emergency Treatment Authorization

To Whom It May Concern:

As parent and/or legal guardian of _____, a minor child, I herewith authorize treatment of said minor by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of parent or guardian:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone – home:_____ office:_____
Family Physician or child's Pediatrician:_____
Phone – office:_____ exchange:_____

Specific Medical Information - - allergies, chronic illnesses, other medical conditions or information:

_____

_____

_____

Other contact in case of emergency:

Name:_____
Phone – home:_____ office:_____
Relationship to minor child_____

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. It shall remain in effect until revoked by me in writing.

Signed:_____
Parent or guardian

Date:_____