

CBC

California Ballet Conservatory

Student Name: _____

Date of Birth: ____/____/____

Allergies: _____

Other Medical Conditions: _____

Current Medications: _____

EMERGENCY INFORMATION

Parent #1 Name: _____ Parent #2 Name: _____

Parent #1 Phone: () ____ - ____ Parent #2 Phone: () ____ - ____

Parent #1 E-mail: _____ Parent #2 E-mail: _____

In the event of an emergency, when parents cannot be reached, please contact:

Full Name: _____ Phone: () ____ - ____

INSURANCE INFORMATION PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD ONTO THIS PAGE PARENT/GUARDIAN'S APPROVAL AND MEDICAL RELEASE

In consideration of the participation of the student named in this Medical Release Form, I personally, as the participating student or the parent or guardian of such student, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive and release *California Ballet Conservatory*, their officers, representative, successor, and/or assigns for any and all damages which may be sustained or suffered by me in connection with my association with the above program.

Parent/Guardian Signature _____ Date _____

Further, I grant *California Ballet Conservatory*, its agents, and employees, permission to authorize any emergency medical treatment that may be required for the named student during the time the student is enrolled. The named student has received a physical examination by a physician and has been found physically capable of participating in any activity associated with the program.

I hereby give authorization to *California Ballet Conservatory* to share any and all medical information and/or medical documents to treating medical authorities. It is understood that *California Ballet Conservatory* will make every effort to contact me prior to the emergency treatment of my student, but that treatment by a licensed physician or medical staff person of a licensed emergency room will not be withheld if I cannot be reached.

Parent/Guardian Signature _____ Date _____