



Consent for Medical Treatment Form

Student's Full Name: _____
(LAST) (FIRST) (MIDDLE)

STREET: _____ CITY/ZIP: _____

SUB-DIVISION: _____ HOME PHONE: _____

EMERGENCY PHONE NUMBERS

Mother's Work: _____ Mother's Cell: _____

Father's Work: _____ Father's Cell: _____

List all allergies, physical or health problems, medications, or learning situations of which we should be aware. If there are none please indicate:

In the event that my child becomes ill or is injured while under the supervision of the Still Pointe Studios, I approve the studio authorities to take the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency when neither parent can be reached immediately, the studio authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and/or treatment. Such transporting to be done whether by studio staff, or if studio officials deem it wise, by ambulance at cost to the parents.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the director or her designated representative, to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the owners, or designated representative of the Still Pointe Studios, from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

PARENTS' SIGNATURES

DATE _____

DATE _____