

Columbus DanceArts Academy

2019-2020

Emergency Authorization Form

Name of Dancer _____

Date _____

Parent/Guardian _____

Grade _____ (2019-20 school year) Age _____

In order to participate in any CDA activity, either Part I or Part II must be filled out and signed for any dancer under the age of 18.

Part I – To Grant Consent

Yes No I give my consent for the CDA Customer Service staff to provide pain relievers (aspirin, (circle one) ibuprofen or acetaminophen) to my child. **This does not apply to children under 12 years of age as CDA will not provide any medicines to children under 12.** The dosage of pain relievers for my child is not to exceed:

_____ 200/500 mg (1 pill) _____ 400/1000 mg (2 pills)

In the event that reasonable attempts to contact me at _____ (telephone) or to contact _____ (relative or friend) at _____ (telephone) have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) at _____ (physician phone) or Dr. _____ (preferred dentist) at _____ (dentist phone) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the opinions of two licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery. Reasonable on-going attempts to contact one of the above people will continue throughout the treatment.

Please list facts concerning the minor's medical history including but not limited to allergies, medications and any physical impairments to which a physician should be alerted.

Signature of Parent or Guardian (Part I only)

Date

Part II – Refusal to Consent

(DO NOT FILL OUT PART II if you have filled out Part I)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Columbus DanceArts Academy to take no action or:

Signature of Parent or Guardian (Part II only)

Date
