

Consent to Treat Minor Children

Please print all information

I, _____ parent or legal guardian of _____,
born ___/___/_____, do hereby consent to any first aid determined by studio staff to be necessary for the
welfare of my child while said child is under the care of The Dance Factory, and I am not reasonably available by
telephone to give consent.

This authorization is effective from 06/15/2020 to 09/01/2020.

Signature of Parent or Legal Guardian

Witness Signature

Witness Name

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address			
Telephone:	Father:	Home:	Work
Telephone:	Mother:	Home:	Work
Child's Birthdate		Last Tetanus:	
Allergies to drugs or food			
Special Medications, Blood Type or Pertinent Information			
Child's Physician		Phone:	
Insurance:		Policy #	
Preferred Hospital			