



Ballet Idaho Medical Information Form

Emergency Contact and Medical Information for a Student

Student's Name	Date of Birth	M	F
		Sex	
Parent /Guardian's Name	Parent /Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
()		()	
Cell Phone	Cell Phone		
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Emergency Contact	Emergency Contact		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
()		()	
Cell Phone	Cell Phone		
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Medical Information

Physician's Name	Phone Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's /Guardian's Signature	Date
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