



PAMELA ANN

SCHOOL of DANCE

Emergency Medical Authorization

Purpose: To enable Parents/Guardians to authorize the provisions of emergency medical treatment for children/self who becomes ill or injured while the child (ren's)/self are involved in any activity with **Pamela Ann School of Dance**. All reasonable attempts will be made to contact Parents/Guardian.

I (we), the undersigned give our consent for transport and treatment for our child (ren's)/self in the event of illness or injury, to be rendered under the supervision of trained/licensed medical personnel, at the nearest hospital of treatment facility.

Signed: Parent/Guardian/Student (18+) _____

Child (ren's)/Student (18+) Name: _____

Date: _____

Accidental Injury Waiver

I (we) understand that with dance, or any other physical activity, especially involving children, there are risks of physical injury. This also applies to traveling to and from dance-sponsored activities and all events, surrounding these activities. While all safety precautions are taken to assure the safety of children, there is always a risk of injury. I (we) agree to hold Pamela Ann School of Dance, it's agents, employees and volunteers harmless and free of liability in the event of accidental injury while participating in any/all activities.

Signed: Parent/Guardian/Student (18+) _____

Child (ren's)/Student (18+) Name: _____

Date: _____

Email Address: _____