

Hotel Medical Permission Form

This medical permission form must be completely filled out by every student attending a MA DANCE or MARCHING AUXILIARIES camp.

Have enough copies of this form photocopied for your group members.

STUDENT NAME (Last) _____ (First) _____

Name of Parents or Guardians _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Parents' Business Phone () _____

Name of Family Physician _____ Phone () _____

Is Student Allergic to any Medication? _____ If so, please list _____

Other Medical Comments _____

Name of Family Insurance Company _____

Policy Number _____

***NOTE: At all of our hotel locations, the instructional sessions will take place in large, carpeted ballrooms. This is the industry standard for dance facilities, and is true at Tremaine, West Coast Dance Explosion, New York City Dance Alliance, etc. While we anticipate no problems with this, directors need to make sure this information is made available to all participants and their parents/guardians. MA Dance shall accept no liability for injuries due to dancing on carpet.**

I/We, _____ the parents/guardians of _____
hereby grant permission for MARCHING AUXILIARIES to take my child to the college infirmary and/or local hospital for medical treatment in case of illness or injury.

I/We authorize any attending physician to medically treat this child as deemed appropriate.

I/We realize that any medical cost incurred due to illness / injury is our responsibility and not that of Marching Auxiliaries.

SIGNATURE OF PARENT/GUARDIAN _____

Date: _____

