NUHS THEATRICAL DANCE SUMMER WORKSHOP CONSENT TO TREAT FORM 2015

Student Name:		
First	Middle	Last
AUTHORIZATION	FOR TREATMENT OF A	MINOR
I (we) the undersigned parent(s) or legal guard consent to any x-ray examination, anesthetic, special supervision of any member of the med provisions of the Medical Practice Act or a denis understood that this authorization is given in being required but is given to provide authority in the exercise of his/her best judgment may dontact the undersigned prior to rendering treated the withheld if the undersigned cannot be reconstructed.	medical or surgical diagnosis lical staff and emergency room tist licensed under the provising advance of any specific diagnormal power to render care who leem advisable. It is understocatment to the patient, but that a	returned under the general or n staff licensed under the ons of the Dental Practice Act. It nosis, treatment, or hospital care ich the aforementioned physician od that effort shall be made to
Should any responsible school representative attempt has been made, the undersigned do (the right to authorize medical or surgical care to	does) hereby delegate to the r	
THIS FORM IS NOT REVIEWED BY SCHOOL This health information will be provided to med		
Birth Date:Last Tetanus	or DPT:To	day's Date:
List all medications the student takes:		
NOTE: If student needs to take medications the parent's responsibility to contact the Date List any restrictions or other pertinent med	ance Department prior to the	e workshop.
Student Insurance Info:		
Company:		
Policy/Group #:	. <u> </u>	
Insured's Name:		
Family Doctor:		
Emergency Contact Name and Phone #:		
I request in the case of medical emergency named student to a doctor or medical facili		
Signature of Parent or Guardian:		