NUHS THEATRICAL DANCE SUMMER WORKSHOP CONSENT TO TREAT FORM 2016

Student Name:		
First	Middle	Last
AUTHORIZATION FOR TREATMENT OF A MINOR		
I (we) the undersigned parent(s) or legal guardiconsent to any x-ray examination, anesthetic, n special supervision of any member of the medic provisions of the Medical Practice Act or a dent is understood that this authorization is given in being required but is given to provide authority in the exercise of his/her best judgment may decontact the undersigned prior to rendering treat not be withheld if the undersigned cannot be re-	nedical or surgical diagnosis cal staff and emergency roor tist licensed under the provis advance of any specific diagrand power to render care where advisable. It is understout the patient, but that	returned under the general or m staff licensed under the ions of the Dental Practice Act. It pnosis, treatment, or hospital care nich the aforementioned physician od that effort shall be made to
Should any responsible school representative be attempt has been made, the undersigned do (d the right to authorize medical or surgical care the	oes) hereby delegate to the	
THIS FORM IS NOT REVIEWED BY SCHOOL This health information will be provided to medi		
Birth Date:Last Tetanus of	or DPT:To	oday's Date:
List all medications the student takes:		
NOTE: If student needs to take medications the parent's responsibility to contact the Da List any restrictions or other pertinent medications	ince Department prior to th	ne workshop.
Student Insurance Info: Company:		
Policy/Group #:		
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 facility		

Signature of Parent or Guardian: