

## Authorization to Consent to Medical Treatment of Child

*In case of emergency, Dancing Crayons Workshop will make every effort to contact the parents or guardians of the child named below before any medical treatment is administered. However, in the event we are unable to reach you, we require this medical release to be signed by all participants of our art classes and/or camps.*

Child's Full Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

By signing this form, I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, do hereby consent to any medical care determined by a physician or emergency responder to be medically necessary for the welfare of my child while said child is under the care of Trina Quandt of Dancing Crayons Workshop, LLC, at 2244 E Vogel Ave, Phoenix, AZ 85028, and I am not reasonably available by telephone to give consent.

- By checking here, I understand that this authorization is effective from the date listed below unless otherwise revoked by me, in writing.

Name of Parent/Legal Guardian: \_\_\_\_\_

Address of Parent/Legal Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contacts

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_