

PIZZAZZ Baton, Pom, and Dance - EMERGENCY MEDICAL FORM

Child's name _____ Emergency Contact _____ Phone # _____

Liability Waiver:

I HEARBY RELEASE AND ABSOLVE PIZZAZZ BATON POM AND DANCE, ITS DIRECTORS AND SUPERVISORS FROM ANY LIABILITY FOR

ANY ACCIDENT OR INJURY THAT MIGHT OCCUR WHEN APPEARING AS A PARTICIPANT OR AS A SPECTATOR IN THIS ACTIVITY.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Agreement for participation and treatment of minor injuries:

THIS SIGNATURE IS REQUIRED FOR PARTICIAPTION OF ALL MINOR CHILDREN. BY SIGNING THIS FORM, THE PARENT OR GUARDIAN

CONSENTS TO THE MINOR'S PARTICIPATION IN THE PIZZAZZ PROGRAM AND TREATMENT OF ANY SORT DEEMED NECESSARY BY THE

PROPER SUPERVISORS FOR ANY ILLNESS OR INJURY RESULTING FROM MONOR'S PARTICIPATION IN THIS ACTIVITY.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Emergency Medical Form

PURPOSE – To enable participants, parents and guardians to authorize the provision of emergency medical treatment for their

children who become ill or injured while under Pizzazz Baton Pom and Dance authority, when parents or guardians cannot be reached.

PART I OR II MUST BE COMPLETED

Part I – TO GRANT CONSENT AND RELEASE OF INFORMATION

I HEREBY GIVE CONSENT FOR THE FOLLOWING MEDICAL CARE PROVIDERS TO BE CALLED:

DOCTOR: _____ PHONE # _____

DENTIST _____ PHONE # _____

MEDICAL SPECIALIST _____ PHONE # _____

In the event reasonable attempts to contact my emergency contact and/or me have been unsuccessful, I hereby give my consent for

(1) the administration of any medical treatment deemed necessary by above named doctor/dentist, or, in the event the designated

preferred practitioner is not available, by another licensed doctor/dentist; and (2) the transfer of myself and/or my child to any

hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians/dentists, concerning

the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted: _____

THIS FORM WHICH INCLUDES THE ABOVE MEDICAL INFORMATION WILL BE RELEASED TO INSTRUCTOR(S) IN CHARGE OF THE PIZZAZZ PROGRAM AND WILL BE HELD IN STRICT CONFIDENCE.

SIGNATURE OF PARENT/GUARDIAN _____ **Date** _____

Part II – REFUSAL TO CONSENT (DO NOT COMPLETE IF Part I IS COMPLETED)

I DO NOT GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT FOR MY MINOR CHILD. IN THE EVENT OF ILLNESS OR INJURY

REQUIRING EMERGENCY TREATMENT , I WISH THE FOLLOWING ACTION TO BE TAKEN :

SIGNATURE OF PARENT/GUARDIAN _____ **Date** _____