



Kashtan School of Ukrainian Dance Emergency medical Authorization

Please type or print clearly

The purpose of this form is to make it possible for parents and guardians to authorize the emergency treatment for children who become ill or injured while under school authority, whenever parents or guardians cannot be reached for the purpose of giving consent for such treatment. Such authority is necessary to overcome legal obstacles to the provision of such treatment when all reasonable attempts to reach parents or guardians have failed.

I, the undersigned, hereby give my consent, in the event of any emergency in which my son/daughter requires medical care. I authorize Kashtan and its staff to act for me, and to obtain for him/her whatever medical treatment the staff and medical professionals in their best judgment deem necessary and appropriate for the care and treatment of him/her, including, but not limited to, whatever medical, surgical, or dental examination, diagnosis and/or treatment is deemed necessary.

Medical Emergency Contact Information:

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

In the event that the appropriate preferred practitioner is not available, please list the preferred hospital for treatment.

Hospital: _____

This authorization does not cover major surgery unless the medical opinions of two other physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. The following information is needed by any hospital or practitioner not having access to the child's medical history.

Name of Policy holder: _____ Insurance ID# _____

Insurance Provider (BCBS, Metlife) _____ Group # _____

Allergies: _____ Date of last tetanus shot _____

Medications: _____

Physical Impairments (Heart, Epilepsy, etc.) _____

Any other concerns we need to know about: _____

Signature of Parent/Guardian

Date (mm-dd-yyyy)