

BOULDER JAZZ DANCE WORKSHOP, LLC

PO Box 7107, Boulder, Colorado 80306-7107 USA (303) 449-0399 info@bjdw.net
www.BoulderJazzDanceWorkshop.com

Medical Authorization – Child

Activity: Boulder Jazz Dance Workshop classes, rehearsals and performances

Location: University of Colorado facilities

Dates & Times: July 20 – August 6, 2017 when student is present in the University of Colorado facilities in use by the BJDW.

In the event of any emergency illness or injury, I hereby consent to whatever x-ray, examination, and anesthetic; medical, surgical or dental diagnosis or treatment; and hospital care from a licensed physician and/or surgeon deemed necessary for my child's safety and welfare. It is understood that the resulting expenses will be my responsibility. I further understand that outside of emergency situations taking place at BJDW-occupied premises during workshop classes and rehearsals, the BJDW will not participate in procuring medical treatment for my child. I understand that in the event of an emergency that is non-life threatening, the BJDW will attempt to reach me by phone prior to obtaining medical treatment for my child. In the event medical treatment is deemed necessary and the BJDW is unable to reach me by phone I hereby consent to treatment for my child as stipulated above.

Student Name: (please print) _____

Parent/Legal Guardian Name: (please print) _____

Parent/Legal Guardian Phone: cell _____ other _____

Parent/Legal Guardian Signature: _____ Date: _____

Address: _____

Medical Insurance Carrier	Policy #	Address/Phone
<i>(or attach copy of insurance card)</i>		

In the event of illness or accident, please notify (person in addition to parent):

Name: _____ Phone #: _____

If there are any special medical problems, please attach a description of the problem to this sheet. Thank you.