



# MIDWEST DANCE FEST 2010

## Medical & Liability Release Form

Students Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

As a parent or legal guardian of the above athlete, I authorize my son or daughter to participate in the Midwest Dance Fest on January 23, 2010 at the Hartford Union High School.

I authorize a representative of the Midwest Dance Fest staff to locate qualified and licensed medical personnel and / or transport said athlete to an appropriate medical facility in the event that it may become necessary.

I understand I will be notified as soon as possible in the event of an emergency. I or my insurance company will assume all expenses of such treatment.

The Hartford Union High School District, Hartford Energizers Dance Team, coaches, staff and volunteers shall not be responsible for any injury incurred as a result of my son's / daughter's participation in the event.

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number where available during competition \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

### Confidential Medical Information

Family Doctor \_\_\_\_\_ Phone# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

List of pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy etc.

\_\_\_\_\_

Indicate any medications or drugs to which the participant is allergic:

\_\_\_\_\_

Indicate any medication the participant is currently taking:

\_\_\_\_\_

List two other local contacts in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_