

Medical Information and Contact Forms

Miller Marley School of Dance & Voice 10448 Mastin Overland Park, KS 66212

Dear Parent/Guardian:

In order for your child to participate in the dance program at Miller Marley School of Dance and Voice, the school requires parent/guardian authorization for Miller Marley and its representatives to take emergency medical attention should the need for such action arise. We also require basic contact and medical information about your child.

Please complete the Medical Information and Contact form as directed.

Please read all materials carefully and sign and date where indicated.

The form must be notarized by Nancy Durig, the school's Notary, as indicated.

Contact Information

Child's Name _____

Address _____
(street) (city) (state) (zip)

Home Phone _____ Date of Birth _____

Parent / Guardian _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail of parent/guardian _____

Emergency Contact (if listed parent/guardian is unavailable)

Name _____

Relationship to child _____

Home Phone _____

Work Phone _____

Cell Phone _____

Address _____
(street) (city) (state) (zip)

Medical Information

Child's Name _____

Physician's Name _____

Physician's Phone _____

Medication Allergies _____

History of Asthma Y N

History of seizures or other loss of consciousness Y N

History of Heart Problems Y N

If yes to any, nature of problem _____

Special Medical Problems _____

Date of last DPT (MM/DD/YY) _____

May be given as necessary: Ibuprofen? Y N Tylenol? Y N

Health Insurance Information

Health Insurance Company _____

Group Number _____

ID Number _____

Authorization for Medical Treatment

Miller Marley School of Dance..& Voice 10448 Mastin Overland Park, KS 66212

I do hereby solemnly swear that I have legal custody of the minor child identified below. I grant my authorization and consent for employees and agents of Miller Marley School of Dance (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport and treat the participant and to issue consent for any x-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur and I agree to be responsible for all expenses of such care. I release and discharge Miller Marley School of Dance and any Supervising Adult from all actions taken in connection with medical care related to this authorization.

It is understood that Miller Marley will attempt to contact me before securing medical treatment and that this consent is given in case I am not available in an emergency. Further, it is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective commencing on the date signed below.

Child's Name _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Date _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF KANSAS
COUNTY OF JOHNSON

This document was acknowledged before me on _____ by

(Parent Name)

_____ Notary Public for the State of Kansas

(Signature of Notarial Officer)

My commission expires _____

PARENTAL CONSENT FORM AND RELEASE

Miller Marley School of Dance and Voice 10448 Mastin Overland Park, KS 66212

Dear Parent / Guardian:

Miller Marley's policy is that students 18 years of age and younger should stay on the premises during breaks between classes. You acknowledge and understand that while Miller Marley teachers strive to maintain awareness of this policy by students and parents and request that students ask permission before leaving the premises during breaks, that due to multiple entrances to classrooms, they are unable to monitor each student after a class ends and before pick-up or the beginning of another class.

If permission is requested, Miller Marley will only grant permission for students to leave campus to walk to the locations specified below by you. For safety's sake we encourage all students to walk with another person. Students will not be accompanied by Miller Marley teachers or staff.

Please complete the Parental Consent form as directed. Please sign and date where indicated.

This form must be notarized by Nancy Durig, the school's Notary.

AUTHORIZATION AND RELEASE

(Parent Name)

give permission for my child _____

(Child's Name)

to walk from Miller Marley School of Dance and Voice (10448 Mastin - Overland Park, KS 662.12) to the following location(s) during breaks between dance classes.

Please check those locations that apply:

___ Shell Gas Station (10075 W. 103rd St. - Overland Park, KS 66212)

___ McDonalds (10460 W. 103rd St.- Overland Park, KS 66212)

___ Other (List name of establishment and address) _____

I understand and agree that Miller Marley School of Dance does not monitor each child's activities during breaks between classes and does not accompany children should they visit one of the specified locations during breaks and that my child may deviate from a visit to an approved location to visit an unapproved location. I specifically agree to release and hold harmless the Miller Marley School of Dance and Voice, its employees, officers or agents for any and all liability for any injury claim, demand, cause of action or loss of any kind relating to or arising from my child's visiting of any location outside of the Miller Marley premises, including, but not limited to the locations listed above, whether or not specifically permitted by me.

Child's Name _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Date _____

(Please see following page)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF KANSAS
COUNTY OF JOHNSON

This document was acknowledged before me on _____ by

(Parent Name)

(Signature of Notarial Officer) _____ Notary Public for the State of Kansas

My commission expires _____