

Minor Child - Emergency Consent Form

I/we hereby authorize The Dance Matrix to give consent for all medical and /or surgical treatment that may be required for your child during the period:

Camp #1 – August 21 – 25, 2017

Camp #2 – August 28 – September 1, 2017

Child's full name: _____

Date of Birth: _____ Care Card#: _____

Family Doctor: _____ Phone #: _____

Emergency contact: _____

Phone#: _____ Cell#: _____

Alternate contact: _____

Phone#: _____ Cell#: _____

Signed: _____

(Parent or Guardian)

Date: _____