

# 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 – July 17 – 21 and/or July 24 – 28, 2017

Camp #2 – August 8 – 11 and or August 14 – 18, 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: \_\_\_\_\_