

Spindulys Lithuanian Folk Dance Ensemble

MEDICAL INFORMATION
Required for dancers less than 18 years of age



PARENTS OR GUARDIAN

If Medical Conditions Exist:

A. My child, _____, has a medical condition as outlined below, which might be of concern. I hereby direct the instructor(s) to handle the situation in accordance with my written directions in case of an emergency.

B. Medical Condition:

C. Directions:

D. In case of an emergency, I understand that every effort will be made to contact me. If someone from Spindulys is unable to reach me, I hereby give Spindulys permission to act on my behalf in seeking emergency treatment for my child in the event such treatment is necessary. I hereby give permission to those administering emergency treatment to do so using the measures necessary.

E. Emergency number if unable to reach parent or guardian:

Name _____

Phone _____

Address _____

I release the Spindulys Lithuanian Folk Dance Ensemble and its teachers from any claims or causes of action arising out of injuries that my child may sustain.

Parent/Guardian Signature _____

Date _____