

Emergency Medical Release
CU Ballet
September, 2008

As the parent/guardian of _____, I give permission for representatives of the CU Ballet to assist my child with any minor medical problems while at Krannert Center during the week of Dec. 1-7 2008, with treatment to include:

(please check what you will allow)

- Tylenol
- Advil
- Ice pack
- First aid antiseptic cream
- Band-Aids
- Other _____

My child is allergic to _____.

Necessary treatment includes: _____

In case of an accident or if a medical emergency occurs, and I cannot be contacted, I, the undersigned, authorize the staff at _____ Emergency Room to provide emergency medical treatment for my child.

I authorize the CU Ballet to follow these instructions:

Please list contact numbers where you may be reached during this week.

Home _____

Work _____

Cell _____

Please list days you will be working backstage:

Parent/guardian signature _____

Date _____