

AUTHORIZATION FOR MEDICAL TREATMENT

I, _____, the parent/guardian of the minor child,
_____ born _____, in case of
emergency, hereby give full authorization and permission to any Universal Movement
Performing Arts Company Director to request and authorize any and all medical treatment
deemed necessary for my child.

Dated this _____ day of _____, 2022.

Parent/Guardian

Sworn to and subscribed before me this _____ day of _____, 2022.

Notary Public, State of Florida at Large

Student's Address _____ Home Phone _____
Medical Insurance Co. _____ Policy # _____
Insured ID# _____

Mother _____ Home Phone _____
Employment _____ Work Phone _____
Mother's Cell Phone: _____

Father _____ Home Phone _____
Employment _____ Work Phone _____
Father's Cell Phone: _____

Physician's Name _____ Phone _____
Address: _____

Allergies or Special Conditions:

