

Medical Treatment Authorization Form – Adult

MEDICAL TREATMENT AUTHORIZATION note: a new authorization is required for each production

Name of adult: _____ Age of adult _____

Name of Holiday Spectacular Inc Production: circle one

Holiday Spectacular Celebrate America Princess Coronation Broadway in Bloomington Other: _____

I hereby request permission to participate in the aforementioned Holiday Spectacular Inc production and I understand that the production, by its very nature, includes certain inherent risks and could cause minor injury, major injury, and serious injury, including permanent disability and death. In the event of illness or injury, if I am fit to do so, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I further acknowledge that the Holiday Spectacular Inc. does not provide liability or medical insurance coverage for participants who participate in this class/activity.

_____ I have no special health needs the staff should be aware of, and no medication is required during this production.

_____ Other: _____

Medical Insurance Carrier: _____ Policy Number: _____ Hospital _____

In the event of an emergency, please contact: _____ or _____

Phone or cell #: () _____ Home: () _____ Relationship _____

One Check and Participant's (if 18 or older) Initials for Each Line is Required:

YES	NO	Initials	Health or Special Need
			Participant has no special health needs the staff should be aware of, and no medication is required.
			Participant has a chronic allergic condition or temporary medical or physical condition, and instructions are attached. No. of attached pages: _____.
			Participant has a special need covered by Section 504 and/or an individualized education plan (IEP).
			Other (please describe): No. of attached pages: _____.

_____ Parent/Guardian Signature(s) Date _____

_____ Participant Signature _____ address
