

RED RIVER DANCE THEATRE COMPANY

P. O. BOX 486, ALEXANDRIA, LA 71309-0486

(318) 443-7500

MEDICAL RELEASE FORM

Name(s) _____

Address _____

City/St/Zip _____ Home Phone _____

D.O.B. _____ Age _____ SS# _____

Mother _____ Work Phone: _____

Cell Phone _____

Father _____ Work Phone _____

Cell Phone _____

In case of emergency and neither parent can be reached, please contact

Name _____ Home Phone _____

Relationship _____ Work Phone _____

Primary Physician _____ Phone _____

Medical information that we should be aware of (medical history, allergies, regular medications, etc.)

Any "over the counter" drugs not to be used would include _____

Any current medications _____

Date of last tetanus shot _____

Which parent has the insurance? Father Mother Other _____

Medical Insurance Company _____

Medical Insurance Policy/Plan # _____

Prescription Drug Company & Plan # _____

Copy of insurance card (front & back) attached

I hereby authorize Red River Dance Theatre Company to obtain the services of a licensed physician, emergency room personnel, nurse or ambulance personnel in the event of an emergency or injury while participating in Company activities. I also understand that this information will be retained on file and used in the event that medical attention is required for my child or children during such activities. This authorization is valid until revoked in writing.

Signed: _____ Date: _____

(Parent or Guardian)