

Industrial Dance Project

MEDICAL RELEASE FORM

Industrial Dance Project
1940 E North Street
Crown Point, IN 46307
(219) 281-7323

Name _____ Birthdate _____ Age _____

Home Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Office Phone (Dad) _____ Office Phone (Mom) _____

Parent or Guardian _____

Doctor's Name _____ Phone Number _____

Insurance Company _____ Phone Number _____

Address _____ Policy or Group # _____

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

List medications taken regularly _____

List known food/drug or other allergies and medical conditions _____

Additional Child _____ Birthdate _____ Age _____

Parent EMAIL: _____

PARENT/GUARDIAN PERMISSION:

I hereby give my permission for _____ to take part in various sponsored trips, outings, and competitions of Industrial Dance Project, Crown Point, IN. I also give my permission for my child to be transported in vehicles used in conjunction with these events. I further give my permission for the designated/approved IDP representative to secure any needed medical treatment for the above named son/daughter. I release the IDP representatives from liability for accident or injuries on these trips or activities.

I understand & agree to all the information on this Medical Release Form.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____