

# SCHOOL OF AMERICAN BALLET

## Medical Consent Form – Summer 2024

In the case of a medical emergency, the School will make every effort to contact you as soon as possible. In case we cannot, we need your consent, which will allow the staff to secure the necessary emergency care.

By providing your signature below, the student named on this form (and parent(s) or guardians also signing below if the student is under 18 years of age) represent to the School of American Ballet that each of the signing below understands the risks of injury that are described below and agrees that the named student assumes all risks associated with participation in activities offered by the School, including without limitation, dance classes, Pilates or weight training, rehearsals, workshops or other activities. By signing below, the named student (and parent(s) or guardians also signing below if the student is under 18 years of age) further agree to hold harmless the School, its agents, Trustees, officers and employees all as set forth below. For the purpose of this Agreement, "I" shall refer to the student and, where appropriate, the parent(s) or legal guardians of the student named in this form who have signed below.

I am aware that participation in the Classes can be dangerous activity involving MANY RISKS OF INJURY. I hereby voluntarily assume all risks associated with participation and agree to hold harmless the School, its trustees, officers, employees, and agents from and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in conjunction with my participation in any activities related to the Classes, including, but not limited to, any medical care given to me and the transportation connected therewith, except for gross negligence. The terms of this agreement shall serve as a release and assumption of risk for me, my parent(s) or legal guardian who has signed below, heirs, estate, executor, administrators, assignees and all members of my family.

To the best of the knowledge of each person signing below, the student named in this form is in good health and suffers no disability or condition which renders his or her participation in the Classes or other athletic activity inadvisable, or otherwise limits his or her ability to participate in such dance activity without restriction. I hereby authorize all representatives of the School to obtain in my behalf first aid, medical care, or if necessary, admission to an appropriate health care facility, including, but not limited to, anesthesia and surgery, should such care become necessary for the treatment of any injuries I may sustain while attending the School. I also hereby consent to the administration of emergency medical treatment in the event I am unable subsequent to such injury to give consent as otherwise would be necessary. Any qualified medical personnel are hereby notified that this authorization is currently in effect as such personnel are directed to act upon such authorization without delay. I understand that reasonable efforts will be made to contact parents, the student's physician and/or the emergency numbers given by me on this form.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**By signing below, I Agree to the release conditions included above.**

Parent/Guardian Signature: (Required if student is under 18): \_\_\_\_\_

Student Signature: (If Student is 18 years or older): \_\_\_\_\_

*The School of American Ballet is located in close proximity to an Urgent Care facility run by Northwell Health. They require the following consent form to treat any of our students. To expedite the process in the event that your student needs to receive care from this facility, please complete the fields below EXCEPT Today's Date and the name of the SAB staff member. SAB will copy and complete this form if necessary.*

## **Northwell Health Go-Health Urgent Care- Parental Consent Form**

This form must be completed by a parent before accompanying a School of American Ballet (SAB) student to urgent care.

Today's Date: \_\_\_\_\_

Dates the permissions are in effect: Sunday, June 30, 2024 – Saturday, August 3, 2024

Parent Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

"I \_\_\_\_\_ (parent/guardian full name) give permission for \_\_\_\_\_ (full name of SAB Staff) with SAB to take \_\_\_\_\_ (Student's full name) to Go- Health Urgent Care to be examined/checked up."

Parent Signature: \_\_\_\_\_