



**Joyce Lemos Aerial Arts Dance Academy, LLC (JLAADA)**  
**Medical Release Form**

I, \_\_\_\_\_ (parent/guardian's name)

hereby give permission for any and all medical attention to be administered to my child,

\_\_\_\_\_ (child's name),

in the event of accident, injury, sickness, etc., at any necessary emergency facility, until such time as I may be contacted.

I also assume the responsibility for the payment of any such treatment.

This release is effective from January 1<sup>st</sup>, 2019 through December 31<sup>st</sup>, 2019.

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Known Allergies to Foods or Medications: \_\_\_\_\_

\_\_\_\_\_

Last Tetanus: \_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date