



Central Texas Performing Arts Academy

Authorization for Emergency Medical Care

I, the undersigned parent or legal guardian of _____, do hereby authorize Central Texas Performing Arts and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization. This authorization will be effective for one year from the date of the signature.

Child's Name _____

Telephone Number _____

Address _____

City _____ State _____ Zip _____

Grade (if applicable) _____

Minor's Physician _____

Minor's Dentist _____

Health Insurance Company Name _____

Health Insurance Policy Number _____

Health Insurance Telephone Number _____

Minor's Allergies _____

Minor's Current Medications _____

Minor's Special Health Needs _____

Parent Consent

- Consent For Treatment: I give consent for any and all necessary treatment when my child is in the care of the physician or hospital associated with the care of my child
- Authorization: In case of sickness or accident, I hereby give my permission to the medical personnel selected by the CTPAA to perform any medical attention deemed necessary by the medical professional, if I am unable to be contacted. I recognize and accept full financial responsibility if such treatment is necessary. I further understand that CTPAA or its employees cannot be held responsible in the event of accident or accidental death.
- Immunization: I can provide a copy of my child's immunization records. I hereby state that all required immunizations are current.

*If the child needs both parents consent please, both parents need to sign and date.

Parent/Guardian Name _____ (Please Print)

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name _____ (Please Print)

Parent/Guardian Signature _____

Date _____