



330 CERNON STREET (THEATRE)  
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JANDSPERFORMINGARTS.COM

# Emergency Medical Form

## PART ONE: Authorization to Seek Medical Treatment

I, the Undersigned, do hereby authorize representatives of J&S Center to serve as agents for the undersigned to consent to any x-ray exam, anesthetic, medical examinations, diagnosis, medical treatment, and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any hospital licensed by the State of California whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or some other site.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician in the exercise of his best judgment may deem necessary.

Student's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

## PART TWO: Emergency Contacts (List Parents/ guardians first)

NAME	Day Phone	Evening Phone	Relationship
			Parent/ Guardian 1
			Parent/Guardian 2

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Policy holder name and phone: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Are there any other problems of which our staff should be aware? Please share pertinent information with us. We will keep it confidential. We are educators and only have your child's welfare in mind.