



Consent to First Aid and Medical Emergency Care

Capital Region Dance Alliance & Saratoga Performing Arts Center (SPAC)

(Ages 18+, or parent/guardian of student)

I understand that in the event of an accident or illness, every effort will be made to immediately reach the primary contact(s) listed as Medical/Emergency Contacts. If a legal guardian/emergency contact cannot be reached, I authorize school authorities to obtain emergency care. I request and authorize that in my absence, the student/participant named herein be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine/Osteopathy or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the student/participant named herein. I have not been given any guarantee as to the results of examination or treatment. I hereby authorize SPAC, its owners, members, Board of Directors, and all employees and agents of these parties to act for the student/participant named herein according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention.

Student Name (printed)

Guardian Name (printed)

Signature (Age 18+, or parent/guardian of student)

Date