

Folklorna Grupa Srbija

Medical Release form/Permission to travel to CA

Dancer Name (Ime deteta): _____
 Date of Birth (Datum rođenja): _____

I am giving approval for my child to travel to CA with the dance group
 (odobravam da moje dete putuje u CA sa folklornom grupom)

Parent or Guardian Authorization:

In case of emergency, if a family member cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

In case of emergency contact:

Name	Phone	Relationship to Dancer

Name	Phone	Relationship to Dancer

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature

Date

PLEASE ATTACH A COPY OF THE CHILD'S MEDICAL INSURANCE CARD.