

Please sign

FIRST AID CONSENT FORM

I _____
Mother/guardian Last name First name

I _____
Father/guardian Last name First name

Give my permission to the staff of Alichia's DanceFitness Academy to administer first aid/CPR to my son/daughter _____ in the event of an emergency. I also consent to have a physician and/or emergency medical service provide treatment as required; in the judgment of the attending physician.

Mother's/guardian's signature Date

Father's/guardian's signature Date

I understand that I am responsible for my child's medical insurance coverage including non-covered services. I hereby release Alichia's DanceFitness Academy owner and staff members /staff members from any legal or medical responsibilities.

Mother's/guardian's signature Date

Father's/guardian's signature Date