

Date:

Columbus DanceArts Academy

2026-2027

Emergency Authorization Form

Name of Dancer: Grade (2026-26 school year): Age:

Parent/Guardian #1: Parent/Guardian #2:

In order to participate in any CDA activity, either Part II or Part III must be filled out and signed for any dancer under the age of 18.

Part I

This does not apply to children under 12 years of age as CDA will not provide any medicines to children under 12.

☐ Yes ☐ No I give my consent for the CDA Customer Service staff to provide pain relievers to my child.
Please select: ☐ ibuprofen ☐ acetaminophen

The dosage of pain relievers for my child is not to exceed:

☐ 200/500 mg (1 pill) ☐ 400/1000 mg (2 pills)

Part II – To Grant Consent

In the event that reasonable attempts to contact me at or to contact at have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by Dr. at or Dr. at or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to or any hospital reasonably accessible. This authorization does not cover major surgery unless the opinions of two licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery. Reasonable on-going attempts to contact one of the above people will continue throughout the treatment.

Please list facts concerning the minor's medical history including but not limited to allergies, medications and any physical impairments to which a physician should be alerted.

Signature of Parent or Guardian (Part II only)

Date

Part III – Refusal to Consent

(DO NOT FILL OUT PART II if you have filled out Part I)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Columbus DanceArts Academy to take no action or:

Signature of Parent or Guardian (Part III only)

Date