Parental Consent & Authorized Medical Consent Form

authorize The Lindsborg Swedish Folk Dance undersigned to consent to any x-ray examination care which is deemed advisable by, and is to be and surgeon licensed under the provision of the at the office of said physician and/or at a hospital It is understood that this authorization is given in required, but is given to provide authority and polyany and all such diagnosis, treatment, or hospital judgment may deem advisable, and release Age	, a minor, do hereby rs Directors, hereinafter "Agent", for and on behalf of the n, anesthetic, medical or surgical diagnosis or treatment, and hospital rendered under the general or specific supervision of any physician Medical Practice Act, whether such diagnosis or treatment is rendere I, during all times that the Minor is in the presence of said Agent. advance of any specific diagnosis, treatment or hospital care being wer on the part of our aforesaid Agent(s) to give specific consent to Il care which the aforementioned physician in the exercise of their bes
I/We, the undersigned, parent(s)/guardian(s) of authorize The Lindsborg Swedish Folk Dance undersigned to consent to any x-ray examination care which is deemed advisable by, and is to be and surgeon licensed under the provision of the at the office of said physician and/or at a hospital It is understood that this authorization is given in required, but is given to provide authority and poany and all such diagnosis, treatment, or hospital	, a minor, do hereby rs Directors, hereinafter "Agent", for and on behalf of the n, anesthetic, medical or surgical diagnosis or treatment, and hospital rendered under the general or specific supervision of any physician Medical Practice Act, whether such diagnosis or treatment is rendere I, during all times that the Minor is in the presence of said Agent. advance of any specific diagnosis, treatment or hospital care being wer on the part of our aforesaid Agent(s) to give specific consent to Il care which the aforementioned physician in the exercise of their bes
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Parent/Legal Guardian	Date
Parent/Legal Guardian	Date
I/We, the undersigned, parent(s) of minor participating in the summer PNW trip cor 19th, 2025 and June 25th, 2025.	, a minor, do hereby consent to said and a minor do hereby consent to said a minor do hereby consent to
Parental Consent for International 1	Travel Travel
Home Phone	
Home Address	
Last 4 numbers of Social Security #	
Birthdate	
Child's Full Name	

Emergency Medical Release Form - Lindsborg Swedish Folk Dancers In Effect for June 19th-June 25th, 2025

Date	_
Date	_
by a physician and/or h	nospital for any medical or surgical
Policy Number:	
a copy of the card)	
n properly caring for th	nis student.
g (prescription and ove	er-the-counter)
ent time? Y – N If yes p	please explain,
Rheumatic Fever Y – I	N Diabetes Y – N Epilepsy Y - N
lin, insulin, etc.) Please s	specify.
	Phone
F	Phone
F	Phone
	Cell Phone
	Home Phone
	In, insulin, etc.) Please s Rheumatic Fever Y – ent time? Y – N If yes p g (prescription and over n properly caring for the a copy of the card) Policy N by a physician and/or h