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## Academy of Russian Ballet

### Consent to Medical Treatment

In the event of any emergency, I authorize the Academy of Russian Ballet to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care when parent, guardian, or emergency contact cannot be reached to authorize the treating physician to provide such emergency medical services

I understand that I am fully responsible for payment of any and all medical services rendered and that the absence of medical insurance does not make Spotlight Consulting LLC., d/b/a Academy of Russian Ballet responsible for paying medical expenses

This power shall remain in effect as long as my child attends Academy of Russian Ballet

\_\_\_\_\_  
Print student name

\_\_\_\_\_  
Print parent/guardian name

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Contact phone number

\_\_\_\_\_  
Date