



# Illinois Classical Ballet



667 Central Ave Highland Park IL 60089 224-532-3111, [info@illinoisclassicalballet.org](mailto:info@illinoisclassicalballet.org)

## Consent to Medical Treatment

In the event of any emergency, I authorize the Illinois Classical 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 Illinois Classical Ballet responsible for paying medical expenses

This power shall remain in effect as long as my child attends Illinois Classical Ballet

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Print student name

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Print parent/guardian name

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Parent/guardian signature

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Contact phone number

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Date