

# HEALTHCARE/POWER OF ATTORNEY 2011



Student Name: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

CITY OF \_\_\_\_\_

In an emergency when parental permission is not available:

I, \_\_\_\_\_, esq., being duly sworn, deposes and says  
Parent or Guardian

that I am the guardian of \_\_\_\_\_. I hereby designate a staff member of  
Student's name

Manhattan Youth Ballet, (212) 787-1178, to authorize any and all medical care and treatment that may  
be needed by \_\_\_\_\_ during the following weeks of attendance.  
Student's name

**Please check off the dates of attendance**

- |  |  |
|--|--|
| <input type="checkbox"/> August 15 - September 2, 2011 | <input type="checkbox"/> August 15 - August 26, 2011 |
| <input type="checkbox"/> August 15 - August 19, 2011   | <input type="checkbox"/> August 22 - August 26, 2011 |

I agree to be responsible for any medical fees incurred in connection with any such medical care and treatment.

Sworn and subscribed to me this the \_\_\_\_\_ day of \_\_\_\_\_, 2009

Notary Public \_\_\_\_\_ Signature of Parent or Guardian

County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires

**Please note:** We will not accept any student under the age of 18 into the Summer Program until this form is completed and accompanies a copy of the insurance plan card.