MILWAUKEE BALLET SUMMER INTENSIVE

Authorization for Medical Care and Release

Due March 15, 2026

Please print all information clearly. **A copy of the front & back of your health insurance card must be included with this form (one sheet of one-sided 8.5x11 paper).** Be sure your health insurance policy provides for out of town routine and emergency care. If it does not, you must take out a temporary rider.

STUDENT FIRST NAME _____ **LAST NAME** _____ **BIRTHDATE** _____

EMERGENCY CONTACT (parents/guardian) _____

TELEPHONE: Day (____) _____ **Evening** (____) _____ **Alternate (Cell, etc.)** (____) _____

ALTERNATE EMERGENCY CONTACT _____ **TELEPHONE** (____) _____

HEALTH INSURANCE CARRIER _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

POLICY HOLDER _____ **BIRTHDATE** _____

NAME OF EMPLOYER _____ **EFFECTIVE DATE OF INSURANCE** _____

COMPLETE ADDRESS OF EMPLOYER _____ **CIRCLE: Full-Time Part-Time**

PHONE NUMBER OF EMPLOYER _____ **POLICY #** _____

AUTHORIZATION FOR MEDICAL CARE. In the event a medical emergency or urgent medical matter involving the Student identified above should arise, and the undersigned Parent/Guardian cannot be reached, Milwaukee Ballet will seek medical care for the Student identified above from Froedtert & Medical College of Wisconsin, Children's Hospital, Columbia-St. Mary's Hospital, and the medical staff of any hospital to treat the emergency or urgent matter. The Milwaukee Ballet will seek to contact the undersigned Parent/Guardian, but if no contact is timely made, the Milwaukee Ballet will contact the Alternate Emergency Contact listed above, who may make medical decisions with respect to the Student. If contact is not made with either the undersigned Parent/Guardian or the Alternate Emergency Contact, the undersigned Parent/Guardian hereby authorizes Milwaukee Ballet or its appointed representative to seek and authorize medical care on behalf of the Student that the Milwaukee Ballet or its appointed representative determines to be appropriate and in the best interests of the Student. This may include medical or surgical procedures as well as diagnostic tests, such as x-rays, MRIs, CT scans, laboratory procedures and anesthesia. In non-emergency situations, the Milwaukee Ballet or its appointed representative may recommend a medical professional or provider to secure proper treatment. The undersigned Parent/Guardian shall have the final decision on selection of the medical professional for non-emergent and non-urgent matters and, if contact is made, on emergent and urgent matters. If emergent or urgent care is provided, it is recommended that the Parent/Guardian seek appropriate follow-up care.

The undersigned, Parent/Guardian, releases and fully discharges the Milwaukee Ballet and its appointed representative from any and all liability, claims, demands, actions, causes of action arising from or out of exercise of its authorization herein granted, and also the medical professionals and providers from reliance on the authorization from the Milwaukee Ballet or its appointed representatives.

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RELEASE. The undersigned, Parent/Guardian, understands that the identified Student will engage in a variety of activities, including physical activities, as part of the Milwaukee Ballet program. The undersigned, Parent/Guardian, has had a full opportunity to understand the range of activities involved, which may include use of weight machines, other equipment, physical therapy screening, strengthening and rehabilitation exercises, including those given by licensed health professionals and other instructors and also activities at Froedtert Sports Medicine Clinic or on the University of Wisconsin – Milwaukee campus. Such activities involve a variety of risks for potential for injury and damage.

The undersigned Parent/Guardian, to the fullest extent permitted by law, hereby releases, discharges and forever acquits Milwaukee Ballet, and its employees, agents, affiliates, directors and contractors from any and all liability, claims, demands, actions, causes of action of whatsoever nature, including from the active or passive negligence of any of the released parties, arising from, out of or related to, any loss, injury (including death), or damage, that may be sustained by the Student, or any participant in or present, and also from any loss or damage to any property, all with participating in the Milwaukee Ballet program or being present in or at the Milwaukee Ballet's facilities. There is no release from actions that are both intentional and knowingly wrongful.

The release shall be binding upon the Student, the Parent/Guardian and all successors, assigns, heirs, next of kin, executors, personal representatives and administrators, of the undersigned. The undersigned agree that this release may serve as a complete bar to any action against the Milwaukee Ballet or other released parties. The undersigned, Parent/Guardian, has had a full opportunity to raise questions about the foregoing Release and to discuss alternatives with Milwaukee Ballet.

* * * *

By signing the foregoing Authorization for Medical Care and Release, the undersigned indicate they have acted voluntarily, and they acknowledge and agree that

- they are aware of the risks and hazards inherent in entering into Milwaukee Ballet premises and engaging in its program;
- they understand the foregoing and have had the opportunity to ask questions of the Milwaukee Ballet and to seek advice and counsel as they determine appropriate;
- they have had the opportunity to seek to clarify the interpretation of the provisions of this document and seek to negotiate or modify the provisions thereof; and
- any person signing as Parent/Guardian is the parent or legal guardian of the Student, is at least 18 years of age and of sound mind, and each is signing this document voluntarily.

Student Signature _____ **Date** _____

Parent/Guardian, Printed _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Two Witnesses are required under Wisconsin Statute 155.10

Signed in the Presence of: **Signed Name:** _____ **Date:** _____

Printed Name: _____

Signed Name: _____ **Date:** _____

Printed Name: _____

MILWAUKEE BALLET | SUMMER INTENSIVE

Authorization for Release of Protected Health Information

Due March 15, 2026

Please print all information clearly**. A copy of the front & back of your health insurance card must be included with this form (one sheet of one-sided 8.5x11 paper).** Be sure your health insurance policy provides for out of town routine and emergency care. If it does not, you must take out a temporary rider.

STUDENT FIRST NAME _____ **LAST NAME** _____ **BIRTHDATE** _____

TELEPHONE: (_____) _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

AUTHORIZATION. I authorize information to be released from Froedtert & Medical College of Wisconsin, Children's Hospital, Columbia-St. Mary's Hospital, and all other health care providers ("Providers") to the Milwaukee Ballet and its staff (collectively, "Milwaukee Ballet") so that the Milwaukee Ballet can assist in obtaining medical care and treatment for the Student.

INFORMATION TO BE DISCLOSED: All information relevant to the medical care and treatment of the Student, including without limitation, provider notes, consultations, radiology reports, laboratory reports, immunizations, prescriptions, tests and results. This may include, to the extent relevant, substance use disorder records, mental health records, HIV test results and related treatment, and genetic information.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION: I understand that this Authorization is voluntary. I may revoke this Authorization by providing my revocation by notifying Milwaukee Ballet or the Providers in writing, except to the extent that action has been taken in reliance upon my Authorization. I understand that information used or disclosed as a result of this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by applicable privacy laws. I understand that the Providers may not condition treatment, payment, enrollment or eligibility for benefits upon execution of this Authorization. I understand that if I agree to sign this Authorization, which I am not required to do, I must be provided with a signed copy of the Authorization.

EXPIRATION: This Authorization expires one year from the date of my signature below.

By signing this Authorization, I am authorizing the release of all records applicable to this request as outlined above.

Student Signature _____ **Date** _____

Parent(s)/Guardian, Printed _____ **Date** _____

Legal Authority with regard to Minor student: □ **Parent*** □ **Legal Guardian**

Parent(s)/Guardian Signature _____ **Date** _____

*By signing above, I hereby declare that I have not been denied physical placement of this child nor have my parental rights been terminated by court order.

EMAIL ALL DOCUMENTS TO MBFORMS@MILWAUKEEBALLET.ORG

MILWAUKEE BALLET | 128 N JACKSON ST, MILWAUKEE, WI 53202
Phone: 414-902-2100