

# Health Form - Approval for Treatment

**Deadline : December 13, 2013**

**A health form must be completed for each student and adult delegate.**

**TYPE or PRINT NAME EXACTLY AS IT APPEARS ON REGISTRATION FORM.**

## DELEGATE INFORMATION

Delegate's first name (as it appears on registration form)		Last name	
Troupe #	High School	Delegate's birthday	
Home address	City	State	Zip
Home phone	Parent / Guardian Cell phone		
Name of Parent / guardian / next of kin		Phone number	
Name of Troupe Director or Chaperone attending the conference		Cell phone	

### PLEASE PROVIDE THE FOLLOWING CONCERNING SAID DELEGATE:

Allergic reactions to:

Medications presently being taken:

Any past illnesses or other information that would be useful in the event medical treatment is necessary:

Payment will be made by: (Parent/guardian, student or insurance company)

<b>Family Physician</b>
Name
A.C. / Phone Number
Address
City / State / Zip

<b>Health Insurance Company</b>
Name
Policy Number
Address
City / State / Zip

### Consent to Treatment

The undersigned hereby releases and agrees to hold harmless the Arkansas Thespians, The International Thespian Society, The Educational Theatre Association, and all respective agents, employees and representative of the aforementioned entities from any and all claims, demands, actions and causes of action as a result of the delegate listed above participating in the Arkansas Thespian Festival. The undersigned further agrees to be responsible for him/herself while traveling to and from said Festival including any expenses incurred by the delegate, caused by the delegate and / or any personal injuries which may occur to the delegate. The undersigned agrees to abide by the festival's security rules and regulations with the understanding that should any problems occur with the delegate during the festival the delegate will be returned home and parents, guardian or next of kin of the delegate will be financially responsible for all necessary costs incurred. The undersigned also realizes that festival registration fees cannot be refunded after December 21, 2009. The undersigned further understands that should a major medical problem arise, he/she will be notified by telephone. In the event that he/she cannot be reached, he/she gives consent to such medical treatment as deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician or physicians. The undersigned hereby grants to the Arkansas Thespians permission to make photographs of the delegate at said conference for use in coverage of the event, advertising, and for promotional purposes without compensation to the delegate. The undersigned certifies that he/she has read and fully understands this authorization.

Please scan and upload completed forms to individual's online registration **OR** Mail by Dec. 13<sup>th</sup>, 2013 to:  
Michelle Moss 361 Southwest Dr. #178,  
Joneboro, AR, 72401

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Signature of above-named delegate

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Signature of parent / guardian / next of kin