

Health Form - Approval for Treatment

A health form **MUST** be completed by each student and adult attending Arkansas Junior Thespian Festival.

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PRINT Last Name

PRINT First Name

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Attendee Birthday

Attendee current age

Attendees School

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PRINT Guardian 1 Name

Contact Number

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PRINT Guardian 2 Name

Contact Number

Regarding Student Attending Festival

Allergic reactions to:	Medications presently taking:	Any past illnesses or other information

Anything else you would like the medical team to know about your health:

Attach scanned insurance card: or provide the information below

Health Insurance Provider: _____

Policy Number: _____

Consent to Treatment

The undersigned hereby releases and agrees to hold harmless the Arkansas Thespians, Arkansas Educational Theatre Association, The International Thespian Society, The Educational Theatre Association, and all respective agents, employees and representatives 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 Junior Thespian festival 2022. The undersigned further agrees to be responsible for him/herself while traveling to and from said Festival including any expenses incurred 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 the 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 October 30, 2022. 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 Arkansas Thespians permission to make photographs/video recordings of the delegate at said festival for use in coverage of the event, advertising, and for any lawful purpose without compensation to the delegate. The undersigned certifies that he/she has read and fully understands this authorization.

Signature Parent/Guardian/Next of Kin

Date

Health Form to be scanned and turned in by October 21, 2022