

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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Last Name First Name Students Birthday

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Troupe Director Troupe # School

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Home Address City Zip Code

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Mother/Guardian/Next of Kin Name Contact Number

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Father/Guardian/Next of Kin Name Contact Number

Regarding Student Attending Festival

Allergic reactions to:	Medications presently taking:	Any past illnesses or other information that would be useful in the event medical treatment is necessary:
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Family Physician	Health Insurance Company
Name	Name of Insured
Phone	Policy Number
Address	Group Number
	Address

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 2021. 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, 2021. 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.

Circle One Payment will be made by : **parent/guardian** **student** **insurance company**

Signature of Parent/Guardian/Next of Kin

Date



ARKANSAS THESPIANS™

Dear parents of our Junior Thespians,

Your student is invited to the Arkansas Junior Thespian Festival at the: (please circle one)

Blue Festival at Searcy High School November 13, 2021

Gold Festival at Russellville High School November 20, 2021

For everyone's safety, we are taking the following precautions:

- Students that cannot attend in person will be offered a virtual option.
- Students attending in person will be screened upon entry to the festival by your troupe director.
- Masks will be worn at all times during the festival activities. Please make sure you bring your own masks.
- Hand sanitizer will be available.

We wanted you to be informed of all of the precautions we are taking to keep your student and our students safe.

"I understand the efforts being made by the Arkansas Thespians organization to keep my child safe and grant permission for them to attend."

Student _____ Date _____

Parent Signature _____ Date _____