



Honoring excellence in school theatre

MISSOURI THESPIANS

ESTABLISHED 1929 An Educational Theatre Association affiliated chapter

Refusal to Consent to Medical Treatment Form Conference 2015

A Consent to Rules/Regulations and Photo/Video Release form must be completed for each delegate (student or adult) . In the event you **REFUSE** medical treatment if it would become necessary return this page – completed and signed by all requested parties - with your other Consent to Rules/Regulation and Photo/Video Release form.

TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK.

Delegate Information

_____		_____
First Name	Last Name	Cell number w/area code
_____		_____/_____/_____
Troupe #	School Name	Birthdate
_____		_____
Parent/guardian/next of kin		Contact phone # w/area code
_____		_____
Additional parent and/or next of kin		Contact phone # w/area code
_____		_____
Emergency contact (if above name is not able to be contacted)		Contact phone # w/area code

NOTE: SEE OTHER FORM FOR ALL MEDICAL INFORMATION

• I Release

The undersigned agrees to hold harmless Missouri State Thespians, Educational Theatre Association, the International Thespian Society and it's respective agents, employees, and representatives from any and all claims, demands, cause of actions, losses, liabilities, costs and expenses (including reasonable attorney fees) which the undersigned may have as a result of the delegate participating in the Missouri State Thespian Conference. The undersigned shall give the Organizer prompt written notice of any claim or facts of circumstances that might give rise to any claim for indemnification. The undersigned further agrees to be responsible for Delegate while traveling to and from the conference including any expenses incurred by the delegate, caused by the delegate and/or any personal injuries, which might occur to the delegate. Under no circumstances may a delegate attend the Missouri State Thespian Conference without their appointed school sponsor, co-sponsor, or school-designated sponsor.

II Refusal to Consent to Medical Treatment

The undersigned DO NOT GIVE my consent for emergency medical treatment of my child (or myself) in the event of an illness or injury requiring medical treatment. I understand that in the event of a medical emergency all attempts will be made to contact myself and/or the emergency contact person listed above. In the event of a medical emergency I wish the Missouri State Thespian Conference officials to take the following course of action:

Signature of Delegate

Date

Signature of Parent/Guardian

Date