

EMERGENCY MEDICAL FORM

School name _____

Complete Part I or Part II to direct Ohio EdTA officials in the care of your child should he/she become ill or injured at Conference. If it is your wish, please sign in the box to give Ohio EdTA permission to photograph your child.

PART I: CONSENT

Delegate's Name _____

Home Address: _____ Home Phone: _____

Mother: _____ Work Phone: _____

Father: _____ Work Phone: _____

Other Authorized Contact: _____ Work Phone: _____

Name and Relationship of Relative or Childcare Provider: _____

Address: _____ Phone: _____

In the event that reasonable attempts to contact me or those listed above are unsuccessful. I hereby give my consent for the following medical care providers and local hospital to be called. I further authorize the administration of any treatment deemed necessary by the preferred doctors, or in the event that the preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to the preferred hospital reasonably accessible.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Specialist: _____ Phone: _____

Hospital: _____ Phone: _____

This authorization does not cover major surgery unless the opinions of two licensed physicians or dentists concurring in the necessity for such surgery, are obtained before the surgery is performed. Facts including allergies, medications currently being taken and physical impairments to which a physician should be alerted are:

Parent signature: _____ Date: _____

PART II: REFUSAL OF CONSENT (Do not complete if you completed Part I):

I do not give my consent for emergency medical treatment for my child. In the event of an injury or illness requiring emergency treatment, I wish the Ohio EdTA authorities to:

Parent signature: _____ Date: _____

The undersigned hereby grants the Ohio Educational Theatre Association permission to make photographs and/or video of the delegate during STARS or Central Area Thespian Conference 2018 for use in coverage of the event, advertising, and for any lawful purpose without compensation to the delegate. The undersigned certifies that she/he has read and fully understands this authorization.

Parent signature: _____ Date: _____