

# MEDICAL EMERGENCY TREATMENT FORM

Sponsors: Keep these forms for each student registered and bring them to conference

**DO NOT SEND THEM WITH REGISTRATION**

## SIGNATURES

I have read, understand, and agree to abide by the Virginia State Thespian Conference Rules and Regulations.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Emergency Information: (Please Print)

SCHOOL  TROUPE #

NAME  AGE

ADDRESS

PHONE NUMBER

PARENT NAME

EMERGENCY CONTACT

EMERGENCY PHONE

HEALTH INSURANCE COMPANY

POLICY NUMBER

I give permission for my child to receive medical treatment in an emergency.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE