

**2012 FL State Thespian Conference
Health Form: Authorization & Release**

District _____ Troupe _____

To be carried in the student's name badge at all times. This information will assist the conference physician in treating you if you should need emergency attention.

Student's Name: _____

Age _____ Hotel: _____

Sponsor's Name: _____

Sponsor's Cell Phone: _____

In case of emergency. I hereby authorize any emergency care that may become reasonably necessary for the above named student in the course of the 2008 State Thespian Conference. Payment of all charges incurred for medical treatment beyond basic first aid is guaranteed by me and/or my insurance company.

Insurance Company: _____

Policy Number: _____

Parent's Name: _____

Parent's Phone: _____

Parent's Work Phone: _____

Emergency Phone: _____

Physician's Name: _____

Physician's Phone: _____

Last Tetanus shot: _____

List allergies to food and/or medications: _____

Medications you are currently taking: _____

Special medical problems. (If none, so state.) _____

Parent Signature: _____

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