

MEDICAL CONSENT & LIABILITY RELEASE

Print name of son/daughter

Name of School

Year of Graduation

Home Address

City

State

Zip

Home Phone

Parent Work/Cell Phone

Date

I hereby give my consent to the Vermont Drama Council, the Vermont Principals' Association and _____ High School (name of host school) to secure such medical attention as my above named son/daughter may require during his/her participation in the Vermont Drama Festival, including the transfer of my child to a nearby hospital and the administration of emergency treatment as may be deemed necessary by medical personnel. I have listed below information concerning health insurance coverage, medications my child is taking, known allergies, and end existing medical conditions. I have also provided accurate emergency contact information.

Health Care/insurance Co.:

Policy No:

_____ I do not have medical insurance.

List any medications student is currently taking:

List known allergies:

Describe existing medical conditions:

Primary contact person in case of medical emergency

Phone

Relationship to student

Backup contact person in case of medical emergency

Phone

Relationship to student

In connection with the participation of the above-named student, I/we agree to assume all risks incidental to the event and agree to exonerate, indemnify, and hold harmless the Vermont Drama Council, the Vermont Principals' Association and _____ High School (name of host school), including its officers, directors supervising staff members, volunteers, and any of its agents assisting in the carrying out of said event, from and against any and all liability, loss, damage, injury, costs, claims, demands, and/or causes of actions arising out of or related to the event or any related activities, the participation of individuals in the event or any related activities, or conditions created thereby.

Signature of parent/guardian (and/or student if he/she has attained age 18)

Date