



NOTE:

1. Student will not be permitted to participate if this form contains incomplete information and/or appropriate signature is missing.
2. Use a separate form for each student.

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## MEDICAL CONSENT & LIABILITY RELEASE

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**Print name of son/daughter**

**Print Student's E-mail Address**

**Print Name of school**

**Year of Graduation**

**Home Address**

**City**

**State**

**Zip**

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**Parent Home Phone**

**Parent Work Phone**

**Date**

I hereby give my consent to the Massachusetts Educational Theater Guild to secure such medical attention as my above-named son/daughter may require during his/her participation in the Massachusetts Middle School 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 existing medical conditions. I have also provided accurate emergency contact information.

I DO \_\_\_ DO NOT \_\_\_ give permission to the nurse on site to give my son/daughter Tylenol if asked.

Health Care/Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_ or \_\_\_\_\_ 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    Relation to student**

\_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**Backup contact person in case of medical emergency    Phone    Relation to student**

\_\_\_ I give or \_\_\_ I do not give permission for my child's picture to be used for publicity and or archival purposes.

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 Massachusetts Educational Theater Guild, Inc., 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 action 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**

**Date**

Privacy Notice: METG, Inc. respects your right to privacy and asserts that it will not sell, distribute, or make public any information contained on this form. This form will be destroyed following the final festival performance.



## MEDICAL CONSENT & LIABILITY RELEASE FORMS TEACHER VERIFICATION

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*School*

\_\_\_\_\_ I hereby attest that there is a Medical Consent and Liability Release Form included for each student cast and crew member participating in today's festival.

\_\_\_\_\_ I hereby attest that all Medical Consent and Liability Release Forms enclosed are completely filled out and that there is no missing information.

\_\_\_\_\_ I also attest that all Medical Consent and Liability Release Forms have been signed.

\_\_\_\_\_ I attest that the forms have been alphabetically sorted by last name.

All students have permission for photos to be taken and used. Yes \_\_\_\_\_ No \_\_\_\_\_

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*Signature of teacher*

*Date*

*Please check off each portion as it is completed and sign before the festival day. Place all forms in a single manila envelope with this form attached to the outside and turn into the Festival Supervisor.*