



CONSENT TO HEALTHCARE TREATMENT

Please print all information

I, _____, self, parent or legal guardian of _____, born

Leave this field blank if adult filling out form for yourself

_____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of Elizabeth Pijanowski, Carolina Bellosso, Maria Miller and I am not reasonably available by telephone to give consent.

This authorization is effective from March 30th, 2024 to April 6th, 2024.

Signature of Self, Parent or Legal Guardian

Witness Signature

Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address _____

Telephone: Father _____ home _____ work _____

Mother _____ home _____ work _____

Child's Birthdate _____ COVID Vaccine? Yes _____ No _____

Allergies to drugs or foods _____

Special Medications, Blood Type or Pertinent Information

Child's Physician _____ Phone _____

Insurance _____ Policy # _____

Group # _____ Phone # _____



ALLERGIES AND MEDICATIONS
Please print all information. If none please write N/A

STUDENT/PARTICIPANT'S NAME: _____

PLEASE LIST ALL ALLERGIES:

Allergy to: _____ Reaction: _____

Allergy to: _____ Reaction: _____

Allergy to: _____ Reaction: _____

Allergy to: _____ Reaction: _____

PLEASE LIST ALL THE MEDICATIONS THE STUDENT/PARTICIPANT IS TAKING:

Medication: _____ For: _____

Dosage: _____ Frequency: _____

Medication: _____ For: _____

Dosage: _____ Frequency: _____

Medication: _____ For: _____

Dosage: _____ Frequency: _____

I, (Parent/Guardian name) _____

Authorize Elizabeth Pijanowski, Carolina Belloso, Maria Miller (Thespian Tours, LLC)

to dispense the above medications to my child during the travel period between:

March 30th, 2024 and April 6th, 2024.

Parent/Guardian Signature

Date