

	<b>One Light Performance Arts Medical</b>		
	<b>Information</b>		
First Name			
Middle Name			
Last Name			
Age			
Date of Birth			
Cell Phone Number			
Emergency Contact			
Emergency Contact Phone Number			
Emergency Contact Email			
Relationship to Member			
Physican's Name			
Physican's Number			
Insurance Company Name			
Known Allergies/Conditions			
<p>I assert that I am providing all necessary information and full medical, physical, medication and other situations to the One Light staff for the safety of my child, others, and myself. I hereby give my consent for a qualified physician or surgeon to examine, diagnose, prescribe and perform treatment, including surgery, that he/she deems advisable for the welfare of the above listed patient. I hereby give consent for the transfer of the member to any hospital reasonably accessible. I understand that no one connected with One Light Performance Arts Corporation assumes liability for any injury incurred by the participant. I agree to pay all medical costs incurred by the participant including hospital bills, physician fees, and ambulance fees. I understand that someone in authority will call the emergency contact listed above at the time they are admitted to the hospital and/or treated by a physician.</p>			
<p>Participants under 18 on the date this form is being completed, must have their Parent or Legal Guardian complete the bottom of this form.</p>			
Printed Name of Person Completing Form			
Signature of Person Completing Form			
Signature of Board Member Collecting the Form			
Date Form Completed			