

CAREER AND TECHNICAL STUDENT ORGANIZATION ACTIVITY MEDICAL RELEASE/PARENT PERMISSION FORM

INSTRUCTIONS: Students, parents/guardians and chapter advisors must complete this form for each student participant as a prerequisite for the student to attend the career and technical student organization activity. Each chapter/club advisor must bring the completed forms to the student activity.

Student _____	Parent/Guardian _____
Spouse (if married) _____	Address _____
Home Address _____	Phone: (W) _____ (H) _____
_____	Alternate Contact _____
Phone: (W) _____	Address _____
Student's Doctor _____	Phone: (W) _____ (H) _____
Address _____	Advisor _____
_____	School _____
Phone: _____	Administrator _____
	School Phone: _____

Student covered by group or other medical insurance as follows:

Name of Insured _____ Insurance Co. _____
 Group # _____ Policy # _____

Please describe completely any medical condition (past or present) being treated which may recur or be a factor in medical treatment (include allergies, medicine reactions, disease of any kind, physical handicaps, heart or lung problems, seizures, convulsions, blackouts, etc.). If currently taking medication, state the medication and prescribing physician and phone number: _____

(Attach separate form if necessary.)

Parent/Guardian please check one and sign:

_____ I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

_____ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian Signature: _____ Date: _____

I CERTIFY THAT THE INFORMATION DESCRIBED ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT EACH INDIVIDUAL IS RESPONSIBLE FOR HIS/HER OWN INSURANCE COVERAGE DURING THIS ACTIVITY. I GIVE PERMISSION FOR _____ TO ATTEND THE KENTUCKY TSA STATE CONFERENCE AND HERBY RELEASE THE STATE AND LOCAL ORGANIZATION AND ANY ADULT IN CHARGE OF THE GROUP FROM ANY LEGAL OR FINANCIAL RESPONSIBILITY WITH RESPECT TO MY PERSONAL OR MY STUDENT'S PARTICIPATION.

Signature of Parent/Guardian _____ Date: _____

Signature of Student _____ Date: _____

CHAPTER