

**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 a career and technical student organization activity. Each chapter advisor must bring the completed forms to the student activity.

Student _____ Parent/Guardian _____
Street Address _____ City _____ Zip _____
Phone (Work) _____ (Home) _____
Alternate Contact _____ Phone (Work) _____
Street Address _____ City _____ Zip _____
Student's Doctor _____ Phone (W) _____ (H) _____
Doctor Address _____ City _____ Zip _____
Advisor _____ School _____
Administrator _____ School Phone _____ Fax _____

Student covered by group or other medical insurance as follows: Provide name of:

Insured _____ Insurance Company _____
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 handicap, heart or lung problems, seizures, convulsions, blackouts, etc.) If currently taking medication, state the medication and prescribing physician and phone number:

____ I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any person 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 A KENTUCKY CAREER AND TECHNICAL STUDENT ORGANIZATION CONFERENCE AND HEREBY 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/SCHOOL