

## MEDICAL RELEASE

### Contact Information:

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Second Parent  
or Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information:

I attest that my son/daughter has medical coverage through:

\_\_\_\_\_  
Name of Insurance Company Policy Number Group #

### Medical Background:

Medical condition of student: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair  
Please describe any know medical conditions: \_\_\_\_\_

Is your son/daughter allergic to any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list: \_\_\_\_\_  
Is your son/daughter currently taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list: \_\_\_\_\_

### Parental Authorization:

I certify the the above information is complete and accurate. In the event of an emergency, I authorize FCCLA and/pr representative's of my child's school to take appropriate action for the medical well being of my child during his/her participation in the State Leadership Conference.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of authorized notary public: \_\_\_\_\_

Date: \_\_\_\_\_ Commission expiration: \_\_\_\_\_

**\*This form should be in the possession of the Adviser at ALL times!**