

A SEPARATE FORM IS REQUIRED FOR **EACH STUDENT** ATTENDING STATE-AUTHORIZED ACTIVITIES

Duplicate as Necessary



Student Authorization - Medical Release - Parental Consent Form

(Please use this form. Consult with your district administration regarding other forms they may require.) **Must be on each participant's person during conference. Advisers should keep one copy with them.** Do not mail to Colorado FCCLA.

Student Name: _____

Name of Organization: _____

Adviser: _____

School Name: _____

ADVISER AUTHORIZATION AND STUDENT PARTICIPATION AT ALL LOCAL, DISTRICT, STATE, AND NATIONAL CTSO ACTIVITIES FOR THE YEAR DESIGNATED BELOW:

Date(s) of Activity: From **July 1, 2012** to **August 1, 2013**

I, the Adviser, hereby certify that this student has been authorized to represent our chapter as a participant/ delegate and has received instructions concerning the organization rules at state authorized activities.

Adviser Signature **Date**

I, the student, do hereby verify that I have received the above information.

Student Signature **Date**

MEDICAL RELEASE:

I, _____
Parent/Guardian Signature

_____ of _____
Relationship **Student Name**

_____ of _____
Date of Birth **Complete home address including ZIP Code**

hereby authorize in advance any necessary medical treatment required for my son/daughter. This student is presently under medical care.

Yes **No**

If yes, explain: _____

Date Signed: _____

Parent/Guardian Home Phone No.: _____

Medical Insurance Co.: _____ Policy No.: _____

Name of Insured: _____

Name of Family Physician: _____

Any allergies, medications, etc.: _____

PARENT/GUARDIAN AUTHORIZATION: I agree not to hold the Colorado Career and Technical Student Organizations, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

Parent/Guardian Signature (if student is under 18 years) **Date**

Student Signature (if student is over 18 years) **Date**