

MEDICAL RELEASE FORM

Student Name _____

School _____

It is understood that consent is given in advance of any emergency, diagnosis, or treatment required while the student is participating in SkillsUSA activities and, that this Medical Release Form authorizes designated school personnel to exercise their best judgement should action be warranted to ensure student's safety, life, and health. This form should be signed and will be kept with designated school personnel during the SkillsUSA activities.

In the space provided, describe what should be done in case of an emergency when religious beliefs prohibit any emergency medical attention for accident, sickness, or injury. _____

General Information

Allergies to food, medication, other _____

Specific Medical Problems _____

Date of last tetanus _____

Physical handicaps or limitations _____

Other (please be specific) _____

If any medication is currently being taken, provide the following information

Name of medication(s) _____

Prescribing Physician _____

Physician's Office Telephone _____ Physician's Home Telephone _____

Medical Information (will be used only in case of an emergency)

Insurance Company Name _____

Name of Insured _____

Policy Number _____

Group Number _____

Should there be an emergency, contact

Person _____

Relationship _____

Work Telephone _____

Home Telephone _____

Home Address _____

Employer and Address _____

_____ I hereby give permission for _____ to receive immediate medical treatment as required in the judgement of the attending physician. Notify me and/or person(s) listed above as soon as possible.

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

Signed _____ Date _____