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_____