

MEDICAL RELEASE FORM

Technology Student Association
2007 Regional Competitive Events Conference
Appalachian State University, Boone, NC

PLEASE BRING THE SIGNED RELEASE FORM TO THE CONFERENCE

Student: _____ Advisor Name: _____

Home/Cell Phone: _____ Date of Birth: _____

School: _____ Advisor: _____

Medical Information (Print Clearly)

1. Known drug allergies: _____

2. Last tetanus administration received: _____

3. Describe any history of heart condition, diabetes, asthma, epilepsy, rheumatic fever, etc:

4. Medication currently being taken: _____

5. Physical restrictions (swimming, etc.): _____

6. Other conditions: _____

7. Physician: _____ Phone Number: _____

8. Emergency Contact: _____ Phone Number: _____

9. Name of medical insurance Co.: _____

10. Policy number for medical insurance: _____

11. I hereby give permission for emergency medical treatment of:

(Name of Student/Child)

while attending the TSA Western Regional Conference, March 3, 2007 in Boone, NC.

12. _____
Signature of Parent/Guardian Date

ADVISORS: BRING A SEPARATE, SIGNED RELEASE FORM FOR EACH STUDENT WHO ATTENDS THE CONFERENCE!