Kansas FCCLA
Medical Release/Guardian's Consent Form

Name of Participant _____ Social Security Number _____

Address _____ Date of Birth _____

Parent/Guardian Name(s) _____

Home Phone Number _____ Cell Phone Number _____

Additional Parent Contact Info _____

School Name _____ Adviser's Name _____

Name of Activity _____ Date(s) of Activity _____

Currently Under Medical Care _____ yes _____ no

If yes, please explain _____

_____

Allergies, Medications, etc. _____

Past serious illness or injury _____

Medical Insurance Company _____ Policy Number _____

Name of Insured _____ Relationship to student _____

Family Physician _____ Physician's Phone Number _____

Emergency Contacts – name and phone numbers (if parent(s) can't be reached at the contact information listed above)

1 _____ 2 _____

STUDENTS ONLY

As with all such conferences, there is the possibility that your son/daughter will have the opportunity to swim, go on sightseeing tours, etc. I herby give my permission for my son/daughter to participate in these related activities. I hereby authorize in an advance any necessary medical treatment required by my son/daughter while he/she is attending this event.

_____ _____

Signature of parent/guardian Date

NOTE: A separate form is required for each person attending the event.

Subscribed and sworn before me at (city) _____ (state) _____

This _____ day of _____ A.D. _____

(SEAL)

_____

(Signature of notary)

My commission expires _____