

**MEDICAL RELEASE/PARENT PERMISSION FORM
2024-2025**

INSTRUCTIONS: Students, parents/guardians and teacher must complete this form for each student participant as a prerequisite for the student to attend this activity.

Student _____	Alternate Contact _____
Spouse (if married) _____	Address _____
Parent/Guardian _____	Phone (w) _____
Home Address _____	Phone (c) _____
Phone (c) _____	Adviser(s) _____
Phone (w) _____	Administrator _____
Student's Doctor _____	School Phone _____
Address _____	School Fax _____
Phone _____	

Student covered by group or other medical insurance as follows:

Name of Insured _____	Insurance Co. _____
Group # _____	Policy # _____

Please describe completely any medical condition (past or present) being treated, which may recur or be a factor in medical treatment (include allergies, medicine reactions, disease of any kind, physical handicap, heart or lung problems, seizures, convulsions, blackouts, etc.) If currently taking medication, state the medication and prescribing physician and phone number:
(Attach separate form if necessary)

Parent/Guardian please check one and sign:

- I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any person listed above as soon as possible.
- I do not give permission for medical treatment until I have been contacted.

Parent/Guardian Signature: _____ Date: _____

I CERTIFY THAT THE INFORMATION DESCRIBED ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT EACH INDIVIDUAL IS RESPONSIBLE FOR HIS/HER OWN INSURANCE COVERAGE DURING THIS ACTIVITY. I GIVE PERMISSION FOR _____ TO ATTEND ALL FBLA ACTIVITIES FOR THE 2024-2025 SCHOOL YEAR AND HEREBY RELEASE THE STATE AND LOCAL ORGANIZATION AND ANY ADULT IN CHARGE OF THE GROUP FROM ANY LEGAL OR FINANCIAL RESPONSIBILITY WITH RESPECT TO MY PERSONAL OR MY STUDENT'S PARTICIPATION.

Signature of Parent/Guardian _____ Date: _____

Signature of Student _____ Date: _____