

**KANSAS ASSOCIATION OF FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA
MEDICAL RELEASE/GUARDIAN'S CONSENT FORM**

Name of Participant: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Home Phone Number: _____ Adviser's Name: _____

School Name: _____ School Phone Number: _____

Name of Activity: _____ Date of Activity from _____ to _____

Currently Under Medical Care: yes or no

If yes, please explain: _____

Allergies, Medications, etc. _____

Past serious illness or injury: _____

Medical Insurance Co. _____ Policy Number: _____

Name of Insured: _____

Family Physician: _____ Physician's Phone Number: _____

Emergency Contacts (name and phone numbers)

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 hereby give my permission for my son/daughter to participate in these related activities. I hereby authorize in 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 BY EACH PERSON ATTENDING THE EVENT.

Subscribed and sworn before me at _____

This _____ *day of* _____ *(city)* _____ *(state)* _____ *A.D.* _____

(SEAL)

(Signature of notary)

My Commission expires: _____

(Attach a copy of the front and back of the medical insurance card with this form.)