

Authorization—Medical Release—Parental Consent Form

A SEPARATE FORM IS REQUIRED FOR EACH STUDENT ATTENDING STATE AUTHORIZED ACTIVITIES.

Student Name: _____ Name of Organization : Colorado HOSA _____

Adviser Name: _____ School Name : _____
ADVISER AUTHORIZATION AND STUDENT PARTICIPATION AT ALL LOCAL, DISTRICT, STATE, AND NATIONAL CTSO ACTIVITIES FOR THE YEAR DESIGNATED BELOW:

Date(s) of Activity _____ From: _____ to _____

I, THE ADVISER, HEREBY CERTIFY THAT THIS STUDENT HAS BEEN AUTHORIZED TO REPRESENT OUR CHAPTER AS A PARTICIPANT/DELEGATE AND HAS RECEIVED INSTRUCTIONS CONCERNING THE ORGANIZATION RULES AT STATE AUTHORIZED ACTIVITIES.

(Signature of Adviser) (Date)
I, the student, do hereby verify that I have received the above information.

(Signature of Student) (Date)

MEDICAL RELEASE:

I, _____, _____ of _____
(Parent's/Guardian's Name Relationship Student)

Complete home address including ZIP Code _____

Hereby authorize in advance any necessary medical treatment required for my student Yes No

This student is presently under medical care Yes No

Parent/Guardian Home phone _____ Work Phone _____

Other Relative _____ Relationship _____

Home phone _____ Work Phone _____

Medical Insurance Co. _____ Policy # _____

Name of Insured _____

Name of Family Physician _____ Phone # _____ Physician or Clinic _____

Physician Address _____

Any Allergies, medications, etc _____

Date of last Tetanus _____

PARENT/GUARDIAN AUTHORIZATION: I hereby grant permission to those parties supervising the trip to obtain emergency treatment for my son/daughter if necessary. I agree not to hold the Colorado Career and Technical Student organizations, the State Board for Community Colleges and Occupational Education, or any of its agents, liable for any accident, illness, or injury to my son/daughter/self during participation in any state authorized activity, including travel to and from activity sites.

(Signature of Parent) (Date)

(Signature of Student) (Date)