

## **Medical Form**

Dear Parent/Guardian:

In the unlikely event of a medical emergency, it is important for the Conference Chair to have the following information and authorization from you. It is VERY IMPORTANT for you to complete this form.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Contract #: \_\_\_\_\_

Any medical/health related issues the Conference Chair should be aware of:

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### **Medical Treatment Authorization**

To Whom It May Concern:

In the event that \_\_\_\_\_ becomes ill or is seriously injured and requires emergency medical treatment and I, as her parent/guardian cannot be contacted, please accept this statement as my authorization for her to be treated as required by a fully accredited physician at a fully accredited hospital. Should emergency procedures (surgery, etc.) be required, we ask that at least two (2) specialists in the field concur on the diagnosis and prescribed treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

**Although this form is not required to be notarized, it is suggested that you do so. Please, if notarized, do so in the space below.**