



26th ANNUAL COLORADO TECHNOLOGY STUDENT ASSOCIATION STATE LEADERSHIP EXPOSITION - 2012

Medical Release Form

(Required by all students attending the exposition)

To be kept by each local advisor

(PLEASE PRINT CLEARLY)

Student: _____

Advisor: _____ School: _____

Medical Information

Date of Birth: _____

Known allergies (drugs or otherwise): _____

Date last tetanus shot administered: _____

Medication currently being taken: _____

Describe any history of heart condition, diabetes, and asthma, epilepsy, or rheumatic fever, etc.: _____

Physical restrictions (swimming, running, etc.) _____

Relative's name: _____ Work: (_____) _____

Physicians name: _____

Insurance Information

Medical Insurance Co.: _____

Identification / Policy No.: _____

Subscriber's Name: _____ Phone: (_____) _____

Subscriber's place of employment: _____

I, _____ (parent/guardian) hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the Medical Staff of an accredited hospital to render medical treatment, which is in his/her judgment may be deemed necessary in the care of _____ (child/student) while attending the Colorado State Technology Expo (including time traveling to and from the conference).

Parent / Guardian signature

Date

ADVISORS – PLEASE NOTE:

This form is to be kept by local school advisors at the conference and given to the appropriate medical authorities in a medical emergency!!