

PARTICIPANT CONSENT FORM

Student Name: _____ Age: _____ Social Security No. _____

Chapter _____ Advisor _____

Insurance and Medical Information

Local Family Physician _____ Phone Number: _____

Last Tetanus Toxoid (year): _____ Allergies: _____

On current medication? If so, name: _____

Past serious illness or injuries: _____

Parents' Insurance Company: _____

Address: _____ Policy Number: _____

In the event a parent or guardian cannot be reached, please contact:

Name _____ Phone Number _____

Medical Authorization and Permission Form

I hereby authorize in advance any necessary medical treatment required by my child while he/she is attending the **WV TSA State Conference** from **April 6-9 or April 7-9, 2011** at **Ripley, WV**. As with all such conferences, there is the possibility that your child will have the opportunity to go swimming, fishing, on sightseeing tours, etc. I hereby give my permission for my child to participate in these related activities.

We have read and agreed to abide by these regulations. We also agree that the school officials, the chapter advisors and the state staff have the right to send my child home from this activity at our (parents) expense, if at any time the student violates the rules and his/her conduct becomes a detriment to others.

Parents' or Guardians' Name _____ Relation _____

Home Address: _____ Phone No.: _____

City, State, Zip: _____ Work Phone: _____

Signature of Parent or Guardian

Date

Notary

Taken, subscribed, and sworn to before me this _____ date of _____, 20____

My commission expires _____ Notary's Signature _____

This student has my permission to attend the conference listed above.

Signature of School Official

Signature of Advisor

Date

Date