

(Retained by local advisor)

Elkhorn DECA Medical Release Form

I, _____ of _____
Parent/Guardian Name Address
_____ am the _____ of
City State Zip relationship member's name

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while _____ is absent from home from _____ to _____.

Member's Date of Birth _____ Social Security # _____

Parent/Guardian Work _____ Home _____

Phone Number(s) Work _____ Home _____

Family Physician: _____ Family Dentist: _____

Address: _____ Address: _____

City State Zip City State Zip

Phone: _____ Phone: _____

Work Home Work Home
Medical Insurance Company: _____ Policy #: _____

Name of Insured: _____
If none, indicate NONE

The following information is needed by any hospital or practitioner not having access to a medical history:
Allergies: _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other pertinent facts to which physician should be alerted: _____

If Parent/Guardian cannot be reached in case of emergency, call:

First Choice Name _____ Area Code/Phone _____

Second Choice Name _____ Area Code/Phone _____

In a medical emergency, I consent to the local/state advisor or appointed agent, his, her or their discretion in using, taking, arranging for or consenting to the procedures or treatment. I agree to indemnify and hold harmless the Nebraska Association of DECA, the individual members, agents, employees, and representatives thereof, for any and all claims, demands, actions, rights of action, and or judgments by or on behalf of the above named member arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I assume the total financial responsibility for the above named member and will not hold the Nebraska Association of DECA responsible in the event of a medical emergency.

*****Form must be notarized if traveling out of Nebraska**

Date

*****Parent/Guardian Signature*****