Nebraska FBLA Medical Release Form

Parent/Guardian and Member Information

Chapter _____

I, (parent/guardian)_____

of (street address, city, state, zip) _____

am the (relationship) _____ of (member) _____.

Member's Date of Birth: _____

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 judgement of the attending physician while (member) _____ is absent from home from _____ to _____.

Contact Information

Parent/Guardian (1) Name _____

Work Phone _____ Home/Cell Phone _____

Parent/Guardian (2) Name _____

Work Phone _____ Home/Cell Phone _____

Physician Name _____

Street Address _____

City/State/Zip _____

Work Phone _____ Home/Cell Phone _____

Dentist Name _____

Street Address _____

Dentist Cont'd

City/State/Zip _____

Work Phone _____ Home/Cell Phone _____

Insurance

Medical insurance company _____ Policy no. _____

Name of insured _____

Information needed by hospital or practitioner not having access to a medical history

Allergies _____ Date of last tetanus shot _____

Medication being taken _____

Physical impairments _____

Other pertinent facts to which a physician should be alerted _____

_____

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

First Choice Name _____ (Area code) Phone Number _____

Second Choice Name _____ (Area code) Phone Number _____

Medical Emergency Consent

In a medical emergency, I consent to the local/state adviser(s) or appointed agents, 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 Future Business Leaders of America, to indemnify members, agents, employees and representatives thereof, for any and all claims, 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 FBLA responsible in the event of a medical emergency.

Signature of Parent/Guardian _____ Date_____