

# Career and Technical Student Organizations Consent and Medical Release

NORTH DAKOTA STATE BOARD FOR CAREER AND TECHNICAL EDUCATION

**DECA•FBLA•FCCLA•FFA•SKILLSUSA•TSA**

Participant's Name	Chapter
Date of Birth	Policy Number
Name of Insurance Company	Last tetanus administration received
Known drug allergies	Home Address (city, state, zip)
History of: (check if applicable) <input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Other (explain)	
Medication currently being taken:	
Any physical restrictions or other conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
In the event we are unable to reach you, please list name and telephone number of either nearest relative and/or family physician.	

## MEMBER OBLIGATION

While attending any Career and Technical Student Organization Function, I will make sure that my attitude, conduct and appearance will be such as to reflect credit to my chapter, school, community and our State Association.

\_\_\_\_\_   
Date of Signature

\_\_\_\_\_   
Signature of Participant

## PARENT OBLIGATION

I, the parent/guardian of the above-named student do hereby grant permission for him/her to attend activities for the 2017-18 school year. I authorize adult advisors/chaperons to routinely check member's room to insure that students adhere to policies established by the local school district. In the event of an emergency, I do voluntarily authorize medical services to be administered and/or obtained for the above-named person as deemed necessary in medical judgement and in accordance with the above confidential information. I agree to indemnify and hold harmless the Career and Technical Student Organizations and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_   
Signature of Parent/Guardian

## MEDIA PERMISSION

We authorize Career and Technical Student Organizations to distribute for publication the above member's name and/or picture in any results for the 2017-18 school year (examples would include: printed publications, web pages, radio, etc.). (Note: At no time will addresses or phone numbers be published.)

\_\_\_\_\_   
Signature of Participant

\_\_\_\_\_   
Signature of Parent/Guardian