

**TECHNOLOGY STUDENT ASSOCIATION
MEDICAL RELEASE FORM**

Required by: Student/child conference attendees

Chapter Advisor: **KEEP THROUGHOUT THE CONFERENCE**

Student: _____

Advisor: _____

School: _____

Medical Information: (Print clearly)

1. Date of birth:
2. Known allergies (drug or otherwise):
3. Date last tetanus shot administered:
4. Medication currently being taken:
5. Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc.:
6. Physical restrictions (swimming, running, etc.):
7. Physician's name: _____ Work () _____ Home () _____
8. Relative's name: _____ Work () _____ Home () _____
9. Medical Insurance Co.:
10. Identification/Policy #:
11. Subscriber's Name: _____ Work () _____
12. Subscriber's Place of Employment:

I, _____, hereby authorize any physician member of the Department of
(Parent/Guardian)
Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited
hospital to render medical treatment, which in his/her judgment may be deemed necessary in the care
of _____ while attending the TSA State Conference, including time traveling to
(Child/Student)
and from the conference.

Signature of Parent/Guardian: _____ Date: _____

List below anything else medical related that the advisor should know prior to activity: