

TSA MEDICAL INFORMATION FORM
CONFIDENTIAL

Chapter name: _____

Advisor name: _____

Student name: _____

Parent name: _____

Home address: _____

Home phone: _____

Cell phone: _____

Physician name: _____

Physician phone: _____

Insurance name: _____

Policy number: _____

ICE name: _____

ICE phone: _____

Medical information:

List any known allergies _____

List any known drug allergies _____

List any current medications _____

List any known conditions such as heart, asthma, diabetes, epilepsy, etc. _____

List any physical restrictions _____

List any other pertinent information _____

I hereby give permission for emergency medical treatment of the above named student while attending Alabama Technology Student Association events/activities.

Signature of parent/guardian

Date

TSA PERSONAL LIABILITY/MEDICAL RELEASE FORM

All persons under age must have a parent and/or guardian agree to affix their signature to this form. All participants must also sign this form.

Student name: _____

Student address: _____
Street City Zip

I hereby agree to release the Alabama Technology Student Association, its representatives, agents, servants, and employees from liability for any injury to the above-named person, resulting from any cause whatsoever occurring to the above-named person at any time while attending the Alabama TSA State Conference.

Including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representative, agents, servants, and employees.

I do voluntarily authorize the State TSA Director, assistants, and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment.

I agree to indemnify and hold harmless the Alabama TSA, State TSA Advisor, and/or assistants and designees for any and all claims, demands, and actions, rights of action, and/or judgment by or on behalf of the above-named person arising from or an account of basic procedures and/or treatment rendered in good faith and according to accepted medical standards.

Having read and understood completely the terms within this form, I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and uphold at all times the finest qualities of a person representing the Technology Student Association.

Parent or Guardian's Signature

Date

Participants Signature

Date