

**Nebraska Career Student Organization  
Medical Release Form**

I, \_\_\_\_\_ of \_\_\_\_\_  
Parent/Guardian Name Address

\_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_  
City State Zip Relation 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  
\_\_\_\_\_ (date) to \_\_\_\_\_ (date).

Member's date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Parent/Guardian phone number(s): Work \_\_\_\_\_  
Home \_\_\_\_\_

**Physician**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_

Home phone \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Name of insured \_\_\_\_\_

The following information is needed by any 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 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

In a medical emergency, I consent to the local/state advisor 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 Center for Student Leadership 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 Center for Student Leadership responsible in the event of medical emergency.

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

\_\_\_\_\_  
Date