

I, _____ of _____,
 Parent/Guardian Name Address
 _____ am the _____ of _____
 City State Zip relation member's name
 of _____.
 City State Zip

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 _____ to _____.
 date date

Member's Date of Birth: _____

Parent/Guardian Phone Number(s): Work: _____ Home: _____

Family Physician: _____ Family Dentist: _____

Address: _____ Address: _____

Phone: _____ Phone: _____
 Work Home Work Home

Medical Insurance Company: _____ Policy Number: _____

Dental Insurance Company: _____ Policy Number: _____

(Attach a copy of the front and back of the medical/dental insurance card with this form.)

Name of Insured: _____

The following information is needed by any hospital or practitioner not having access to a medical history:

Allergies: _____

Medication being taken: _____

Date of last tetanus shot: _____

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
_____	_____	_____
Second Choice Name	Area Code	Phone

In a medical emergency, I consent to the local/state adviser or appointed agent, 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 FCCLA, the individual members, agents, employees and representatives thereof, for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above-named member 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 FCCLA responsible in the event of medical emergency.

 Signature of Parent/Guardian Date

Signed in my presence this _____ day of _____, 20_____

 Notary's Signature