

PARTICIPANT'S CONSENT FORM

I, _____, _____ of
(Parent or Guardian's Name) (Relation)
_____, _____,
(Student's Name) (Age) (Social Security Number)

of _____
(Complete Home Address, Including Zip Code)

_____, hereby authorize in advance any necessary
(Area Code and Telephone Number)
medical treatment required by _____
(Student's Name)

while he/she is absent from home _____ to _____
(Date) (Date)

In any event where the parent cannot be reached, please contact (name and phone number):

1. _____
2. _____

Name of Chapter: _____

Advisor: _____ Home Phone: _____

Local Family Physician: _____ Last Tetanus Toxid: _____
(Year)

Physician's Phone Number: _____

Allergies to any Medications: _____

On any Current Medications: _____

Past Serious Illness or Injury: _____

Parents'/Guardians' Insurance Company: _____

Address: _____ Policy Number: _____

Your son or daughter will be participating in the _____

As with all such conferences, there is the possibility that your son/daughter will have the opportunity to go swimming, go on sightseeing tours, etc. I hereby give my permission for my son/daughter to participate in these related activities.

We have read and agreed to abide by the rules and regulations. We also agree that the school officials, the chapter advisors and the state staff have the right to send him/her home from the activity at our (parents) expense, provided that he/she has violated the rules and/or his/her conduct has become a detriment.

(Signature of parent or legal guardian giving permission) (Relationship) (Date)

Notary's Signature: _____

Taken, subscribed and sworn to before me this _____ day of _____, 19____

My Commission Expires: _____

Notary's Stamp:

I approved the student named above to attend the _____

(Advisor's Name)

(School Official's Signature)