

PARTICIPANT'S CONSENT FORM

I, \_\_\_\_\_ of \_\_\_\_\_  
(Parent or Guardian's Name) (Relation)

\_\_\_\_\_ of \_\_\_\_\_  
(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 \_\_\_\_\_

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*  
\_\_\_\_\_  
gives 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 may 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) expenses, 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 \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary's Stamp:

I approved the student named above to attend the \_\_\_\_\_

\_\_\_\_\_  
(Advisor's Name)

\_\_\_\_\_  
(School Official's Signature)