

Career and Technical Student Organizations Consent and Medical Release

NORTH DAKOTA DEPARTMENT OF CAREER AND TECHNICAL EDUCATION

SKILLSUSA North Dakota



Participant's Name	Home Address
City	State, Zip
Chapter	Date of Birth
Name of Insurance Company	Policy Number
Known allergies	Last tetanus administration received
History of: (check if applicable) <input type="checkbox"/> Heart Condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Other (explain)	
Medication currently being taken:	
Any physical restrictions or other conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes" and meets criteria of the Americans with Disabilities Act, further info will follow)	
In the event we are unable to reach Parent/Guardian, please list name and telephone number of nearest relative and family physician.	
Relative Name _____	Phone Number _____
Family Physician Name _____	Phone Number _____

MEMBER OBLIGATION

While attending any Career and Technical Student Organization Function, I will make sure that my attitude, conduct and appearance will be such as to reflect credit to my chapter, school, community and our State Association.

Signature of Participant

Signature of Parent/Guardian

PARENT/GUARDIAN OBLIGATION

Indicate with an "X" to attest your student is under the age of 18 _____ or over the age of 18 _____

I, the parent/guardian of the above-named student do hereby grant permission for him/her to attend activities for the 2019-20 school year. I authorize adult advisors/chaperones to routinely check member's room to insure that students adhere to policies established by the local school district. In the event of an emergency, I do voluntarily authorize medical services to be administered and/or obtained for the above-named person as deemed necessary in medical judgment and in accordance with the above confidential information. I agree to indemnify and hold harmless the Career and Technical Student Organizations and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

Home Phone: _____

Work/Cell Phone: _____

Signature of Parent/Guardian

MEDIA PERMISSION

We authorize Career and Technical Student Organizations and SkillsUSA ND to distribute for publication the above member's name and/or picture and any results of leadership activities or competition. Examples would include: printed publications, social media, web pages, radio, etc. (Note: At no time will addresses or phone numbers be published.)

Signature of Participant

Signature of Parent/Guardian