

**MEDICAL  
RELEASE  
FORM**

February 3-5, 2019

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Primary Contact Number \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Alternate Contact Number \_\_\_\_\_

Special Medication (w/dosage) & Medical Concerns \_\_\_\_\_

The above student has my permission to attend the ACSI Student Leadership Conference. In the event that I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by the School Advisor or the supervising Nurse to transport, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Med. Ins. Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Advisors should keep these forms while attending the conference. Do NOT return this form to ACSI.  
A similar school off-campus event medical release form is acceptable.

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