

**MEDICAL
RELEASE
FORM**

High School Leadership Conference

re:actTM

November 18-20, 2018

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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