

I, \_\_\_\_\_ of \_\_\_\_\_,  
 Parent/Guardian Name Address  
 \_\_\_\_\_ am the \_\_\_\_\_ of \_\_\_\_\_  
 City State Zip relation member's name  
 of \_\_\_\_\_.  
 City State Zip

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending Physician while \_\_\_\_\_  
 is absent from home \_\_\_\_\_ to \_\_\_\_\_.  
 date date

Member's Date of Birth: \_\_\_\_\_

Parent/Guardian Phone Number(s): Work: \_\_\_\_\_ Home: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Family Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Work Home Work Home

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

The following information is needed by any hospital or practitioner not having access to a medical history:

Allergies: \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Other pertinent facts to which physician should be alerted: \_\_\_\_\_

If Parent/Guardian cannot be reached in case of emergency, call:

_____	_____	_____
First Choice Name	Area Code	Phone
_____	_____	_____
Second Choice Name	Area Code	Phone

In a medical emergency, I consent to the local/state adviser or appointed agent, his, her or their discretion in using, taking, arranging for or consenting to the procedures or treatment.

I agree to indemnify and hold harmless the Nebraska Association of FCCLA, the individual members, agents, employees and representatives thereof, for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above-named member arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I assume the total financial responsibility for the above-named member and will not hold the Nebraska Association of FCCLA responsible in the event of medical emergency.

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

Signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
 Notary's Signature