

NOTARY SIGNATURE REQUIRED**Omaha Burke and Nebraska DECA Medical Release Form**I, _____ of _____
Parent/Guardian Name Street Address_____ am the _____ of _____
City State Zip relationship student/member's nameI 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 _____ (student name) is absent from home from **August 15, 2019** to **August 14, 2020**.

Member's Date of Birth _____ Social Security # _____

Parent/Guardian Phone Number(s) Work _____ Home _____ Cell _____

Work _____ Home _____ Cell _____

Family Physician: _____ Family Dentist: _____

Address: _____ Address: _____

City State Zip

City State Zip

Phone #: _____ Phone #: _____

Medical Insurance Company: _____ Policy # _____
If none, indicate NONE

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 advisor 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 Omaha Burke Chapter and Nebraska Association of DECA, 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 Omaha Burke Chapter or Nebraska Association of DECA responsible in the event of a medical emergency.

Signed in my presence this _____ day of _____, 20____.

Notary Signature_____
Parent/Guardian