

Delegate's Name: _____ Region _____

MISSOURI ASSOCIATION FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA
Sample Medical Release Form
National Leadership Conference
Anaheim, California

I, _____ of _____
Parent/Guardian/Spouse 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 of Birth: _____ Social Security Number: _____

Parent/Guardian/Spouse Work: _____
Phone Number(s): Home: _____

Family Physician: _____ Family Dentist: _____

Address: _____
Street Street

_____ City State ZIP _____ City State ZIP

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: _____
