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| 2019 FBLA RALLY |  ***Sample Medical Release & Permission Form******Do not mail this***  |
| Student Name | Date |
| Home Address |
| City | Zip |
| Home Phone | Alternate Phone | Date of Birth |
| High School | School Phone |
| Chapter & Adviser |
| AGREEMENT |
| This is to certify that the above named student has my permission to attend the 2019 Georgia FBLA Fall Motivational Rally and FBLA Day at the Georgia National Fair in Perry, GA. I also do hereby, on behalf of the above named student, absolve and release the school officials, the FBLA chapter advisers, and the FBLA staff from any claims for personal injuries which might be sustained while he/she is in route to and from or during the event.I authorize the above named FBLA adviser(s) or FBLA staff to secure the services of a doctor or hospital. I will incur the expenses for necessary services in the event of accident or illness and provide the payment for these costs.I have read and agree to abide by the FBLA Code of Conduct and the proscribed Dress Code for the Fall Motivational Rally. I also agree that the school officials, the FBLA chapter advisers, or FBLA staff have the right to send the above named student home from the activity at my expense, provided that in their opinion the seriousness of the violation of Conduct Code warrants it. |
| MEDICAL INFORMATION |
| Known Allergies (drug or natural) |
| Special Medications Being Taken |
| History of heart condition, diabetes, asthma, epilepsy, etc. | Date of last tetanus shot |
| Any physical restrictions |
| Family Doctor | Doctor Phone |
| INSURANCE INFORMATION |
| Insurance Company | Policy Number |
| Coverage and Limitations |
| SIGNATURES |
| Student Signature | Date |
| Parent or Guardian Signature | Date |
| Chapter Adviser Signature | Date |
| School Official Signature | Date |