



## PERSONAL LIABILITY/MEDICAL RELEASE

All students, adults, chaperones, and children who attend are required to sign this form. No conference attendee will be allowed to participate unless Tennessee TSA receives this form. Parents and chapter advisors please make a copy of this completed form for your records.

|                         |                                       |
|-------------------------|---------------------------------------|
| _____<br>Name           | _____<br>Social Security #            |
| _____<br>Home Phone     | _____<br>Date of Birth                |
| _____<br>Home Address   | _____, TN _____<br>City State Zip     |
| _____<br>School         | _____<br>School Phone                 |
| _____<br>School Address | _____, TN _____<br>City State Zip     |
| _____<br>TSA Advisor    | _____<br>TSA Advisor's e-mail address |

### Medical Information:

1. Allergies (drug or otherwise) \_\_\_\_\_
2. Current medications \_\_\_\_\_
3. Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc. \_\_\_\_\_  
\_\_\_\_\_
4. Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

"I hereby agree to release the Tennessee Department of Education, its representatives, agents, servants, and employees from liability for any injury to above named person at any time while attending the Tennessee TSA Activity, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees."

"I do voluntarily authorize the Tennessee Technology Student Association's local advisors, state advisor, assistants, and/or designees to administer or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment."

"I agree to indemnify and hold harmless the Tennessee Department of Education, Tennessee TSA and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards."

"I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above name person (child/student) while attending this Tennessee TSA Activity, including time traveling to and from any conferences."

|  |               |
|--|---------------|
| _____<br>Signature of parent or guardian (if child or student) | _____<br>Date |
| _____<br>Participant's or advisor's signature                  | _____<br>Date |

\*\*\*\*\*Please attach a photo copy of medical insurance card & turn in at registration\*\*\*\*\*