



NEBRASKA FBLA MEDICAL RELEASE FORM

CHAPTER _____

I, _____ of _____ am the _____ of _____
Parent/Guardian Address City, State, Zip Relationship
Member's, Adviser's or Guest's Name Member's date of birth _____

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 from _____ to _____.
Student

**Parent/Guardian
Phone Numbers**

Work _____ Work _____
Home _____ Home _____

Physician _____
Address _____
City/State/ZIP _____
Work Phone _____
Home Phone _____

Dentist _____
Address _____
City/State/ZIP _____
Work Phone _____
Home Phone _____

Medical insurance company _____ Policy No. _____
Name of insured _____

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

Allergies _____ Date of last tetanus shot _____
Medication being taken _____
Physical impairments _____
Other pertinent facts to which a physician should be alerted. _____

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

First Choice Name _____ (Area code) Phone Number _____
Second Choice Name _____ (Area code) Phone Number _____

In a medical emergency, I consent to the local/state adviser(s) or appointed agents, 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 Future Business Leaders of America, to indemnify members, agents, employees and representatives thereof, for any and all claims, 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 FBLA responsible in the event of a medical emergency.

Signature of Parent/Guardian Date

Notary Signature

Signed in my presence this _____ of _____, _____