

<<< Do not mail this form to Virginia TSA >>>

**MEDICAL RELEASE FORM
VIRGINIA TSA
2018-2019**

**REQUIRED FOR: STUDENT/CHILD CONFERENCE ATTENDEES. CHAPTER
ADVISOR MUST MAINTAIN A COPY OF THIS FORM AT THE SCHOOL
AND BRING THE ORIGINAL COPY TO THE REGIONAL FAIR.**

Student: _____ Social Security # _____

Advisor: _____

School: _____ State: _____ Zip: _____

Medical Information (Print Clearly)

1. Known drug allergies: _____
2. Last tetanus administration received: _____
3. Describe any history of heart condition, diabetes, asthma, epilepsy or rheumatic fever, etc: _____

4. Medication currently being taken: _____
5. Physical restrictions (swimming, running, etc.) _____
6. Other conditions: _____
7. Physician: _____ Work: _____ Home: _____
8. Relative: _____ Work: _____ Home: _____
9. Name of medical insurance company: _____ Policy # _____

I hereby give permission for emergency medical treatment of _____ (Name of Student/Child) while attending conferences and leadership activities of Virginia TSA.

Signature of parent/guardian:

Regional Fair	_____	_____
March 2, 2019	Parent/Guardian Initials	Date

State Conference	_____	_____
May 2 – May 5, 2019	Parent/Guardian Initials	Date

Chapter advisors may use the same form for all Virginia TSA sponsored events provided the form is properly signed and initialized where applicable. Chapter Advisors are responsible for maintaining the form. The original form must accompany the chapter advisor at all times at a Regional Fair or Technosphere.