

Personal Liability / Medical Release

Personal Liability / Medical Release

Name _____ School _____

Advisor _____ Advisor Cell _____

Emergency Contact _____ Phone _____

STUDENT'S MEDICAL INFORMATION

Allergies (food, drug, other) _____

Current medication _____

Describe any history of heart condition, diabetes, asthma, epilepsy, etc. _____

"I hereby agree to release **SkillsUSA North Carolina**, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending any SkillsUSA event, 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 my local chapter advisors, state advisor, state director, assistants and/or designees to administer and/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 SkillsUSA North Carolina and my school 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 named person (child or student) while attending any SkillsUSA event, including time traveling to and from the conference."

Signature of parent or guardian

Date

**** PARENTS:** Completion of this form is Voluntary and for the benefit of your child.

**** ADVISORS:** Copies of this form should be kept on the student AND with the chapter advisor at the conference, and given to appropriate medical authorities in the event of a medical emergency.

Name _____ School _____

Advisor _____ Advisor Cell _____

Emergency Contact _____ Phone _____

STUDENT'S MEDICAL INFORMATION

Allergies (food, drug, other) _____

Current medication _____

Describe any history of heart condition, diabetes, asthma, epilepsy, etc. _____

"I hereby agree to release **SkillsUSA North Carolina**, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending any SkillsUSA event, 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 my local chapter advisors, state advisor, state director, assistants and/or designees to administer and/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 SkillsUSA North Carolina and my school 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 named person (child or student) while attending any SkillsUSA event, including time traveling to and from the conference."

Signature of parent or guardian

Date

**** PARENTS:** Completion of this form is Voluntary and for the benefit of your child.

**** ADVISORS:** Copies of this form should be kept on the student AND with the chapter advisor at the conference, and given to appropriate medical authorities in the event of a medical emergency.