

A SEPARATE FORM IS REQUIRED FOR **EACH ADULT** ATTENDING STATE-AUTHORIZED ACTIVITIES
Duplicate as Necessary

ADULT AUTHORIZATION MEDICAL RELEASE

Name: _____

Name of Organization: _____

Address: _____

School Name: _____

MEDICAL RELEASE:

I, _____
Adviser, Teacher or Parent/Guest Signature Social Security #

hereby authorize in advance any necessary medical treatment required for me.

I am presently under medical care. ____ Yes ____ No

If yes, explain: _____

Date Signed: _____

Home Phone No.: _____

Medical Insurance Co.: _____ Policy No.: _____

Name of Insured: _____

Name of Family Physician: _____

Any allergies, medications, etc.: _____

RELEASE:

I agree not to hold the Colorado Career and Technical Student Organizations, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

This release is for all local, district, state and national CTSO activities for the **current** school year beginning July 1 and ending August 1.