

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

**STUDENT AUTHORIZATION - MEDICAL RELEASE - PARENTAL CONSENT FORM**

Student Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Adviser: \_\_\_\_\_ School Name: \_\_\_\_\_

**ADVISER AUTHORIZATION AND STUDENT PARTICIPATION AT ALL LOCAL, DISTRICT, STATE, AND NATIONAL CTSO ACTIVITIES FOR THE YEAR DESIGNATED BELOW:**

Date(s) of Activity: From July 1, \_\_\_\_\_ to August 1, \_\_\_\_\_

I, the Adviser, hereby certify that this student has been authorized to represent our chapter as a participant/delegate and has received instructions concerning the organization rules at state authorized activities.

\_\_\_\_\_  
Adviser Signature Date

I, the student, do hereby verify that I have received the above information.

\_\_\_\_\_  
Student Signature Date

**MEDICAL RELEASE:**

I, \_\_\_\_\_  
Parent's/Guardian Signature Social Security #

\_\_\_\_\_ of \_\_\_\_\_  
Relationship Student Name Social Security #

\_\_\_\_\_ of \_\_\_\_\_  
Date of Birth **Complete home address including ZIP Code**

hereby authorize, in advance, any necessary medical treatment required for my son/daughter. This student is presently under medical care.  Yes  No

If yes, explain: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Parent/Guardian Home Phone No.: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Any allergies, medications, etc.: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION:** 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.

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18 years) Date

\_\_\_\_\_  
Student Signature (if student is over 18 years) Date