

**MEDICAL INFORMATION, AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE OF ANY LIABILITY**

Name of youth attending \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

If youth is allergic to any medication - list \_\_\_\_\_

Is youth allergic to stings? \_\_\_\_\_

Does the youth have any health problems? If so, list \_\_\_\_\_

If have hospital/medical insurance, name company \_\_\_\_\_

Policy No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_, hereby designate and appoint Allen Melton, Executive Secretary of the  
(Parent/Guardian)

Virginia Cooperative Council, and any adult counselors attending, to authorize any doctor and/or hospital

to provide all necessary medical care including emergency treatment or surgery, to my child \_\_\_\_\_  
(Name of Child)

in the event of any sickness or injury occurring from March 29 – 31, 2019 at the Virginia Institute on  
Cooperative Education.

- FURTHER -

I agree to accept full financial responsibility for the reasonable costs of such care and treatment and I release Phil W. Miller and counselors from any liability in connection with the treatment of my child. If the youth needs to return home, the parents will be requested to furnish transportation.

- FURTHER -

We, the undersigned, hereby release The Virginia Cooperative Council, its' Executive Secretary and Counselors from any and all claims for property damage, bodily injury or death occurring, arising out of, or in any way connected with the conference.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**NOTE: If I drive a vehicle to the conference, I will not drive it while at the conference and will turn my keys in at registration.**

Signature of youth scholar: \_\_\_\_\_

**(The student should bring a copy of this information to the conference and turn in at the time of registration.)**