



Missouri TSA Medical Liability Release Form

DIRECTIONS: Due to legal restrictions, it is necessary that all delegates, parents/guardians, guests and TSA Advisors complete this form to be eligible to attend the 2019-2020 Missouri TSA state events. This form should be returned to the TSA Chapter Advisor who will keep this record on file for all chapter members. In turn, the TSA Advisor will complete the Advisor Conference Contract Form, which will be sent to the TSA State Advisor.

PLEASE TYPE OR PRINT ALL INFORMATION

Participant/Student's Legal Name: _____

Parent/Guardian's Legal Name: _____

Home Address: _____

Parent/Guardian/Telephone: Home _____ Cell _____

Student's Physician: _____ Phone: _____

Physician's Address: _____

Alternate/Emergency Contact: _____

Alternate/Emergency Contact Telephone: Home _____ Cell _____

Local Chapter Advisor: _____ School Name: _____

Student is covered by group or medical insurance: Yes No

If yes, complete the following information:

Name of Insured: _____ Insurance Company: _____

Group # _____ Policy # _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergies _____ e. Physical Handicap _____

b. Convulsions _____ f. Medicine Reactions _____

c. Blackouts _____ g. Disease of any kind _____

d. Heart/lung problems _____ h. Other (Be specific) _____

If currently taking medication(s), please provide the following information:

Name of medication(s) _____ Physician/Phone Number _____

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LIABILITY RELEASE: I hereby agree to release the Technology Student Association, Inc. and the Missouri Technology Student Association, its representatives, agents, servants and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending a Missouri TSA activity as indicated on the other side of this page, including travel to and from the conference or activity, excepting only such injury or damage resulting from willful acts of representatives, agents, servants, and employees.

PARENT/GUARDIAN: Please check one of the following and sign your name.

I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

I do not give permission for medical treatment until I have been contacted.

Signature of Parent/Guardian Printed Name Date

Signature of Participant/Student Printed Name Date