

EMERGENCY MEDICAL AUTHORIZATION

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The purpose of this form is to authorize the provision of emergency treatment for delegates who become ill or injured while on official travel for Business Professionals of America. It is imperative the following information be furnished to Business Professionals of America so that the delegates will be cared for properly. The authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I, _____ of _____
(Parent's PRINTED Name) (Address) (City, State, Zip)

hereby give my consent for (1) the administration of any emergency treatment deemed necessary by a licensed physician or dentist, (2) the transfer to any hospital reasonably accessible, and (3) consent to release the medical information provided for

(Student's PRINTED Name)

(Student's Signature if older than 18) Date _____

(Parent's/Guardian's Signature) Date _____

Day Phone _____ Evening Phone _____ Cell Number _____

Any hospital/practitioner not having access to the delegate's medical history, needs the information below:

ANY ITEMS MARKED "YES" SHOULD BE EXPLAINED BELOW

Does the delegate have:

- 1. Any Allergies
 - FOOD _____ YES _____ NO
 - MEDICATION _____ YES _____ NO
 - OTHER (insect, etc.) _____ YES _____ NO
- 2. Any Health, Physical Handicaps or Problems _____ YES _____ NO
- 3. Any Respiratory Problems _____ YES _____ NO
- 4. Any Diabetes _____ YES _____ NO
- 5. Any Epilepsy _____ YES _____ NO
- 6. Any Chronic Disease _____ YES _____ NO
- 7. Any Emotional or Psychological Problems _____ YES _____ NO
- 8. Any Medication Being Taken at Present _____ YES _____ NO

9. Any Glasses YES/NO, Contact Lenses YES/NO, Hearing Devices YES/NO worn?

If any of the above questions are marked "YES" please explain, and if taking medication please give name, amount of dosage and time medication is taken.

10. Date of last tetanus booster _____ / _____ / _____
(Month) (Day) (Year)

11. Does delegate have all required immunization shots? _____ YES _____ NO