

2024 V.S.C.A.R. STATE CONFERENCE

MEDICAL RELEASE FORM

~ Required for those under the age of 18 in attendance ~

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's full name) in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the full responsibility for payment of any and all expenses incurred in connection with such treatment. The release is effective for the 2023 Virginia State Conference during the weekend of February 23-25, 2024. All information will be held in confidence and will be destroyed after the conference.

Parent/Guardian Address: _____

Home Phone: _____ Work Phone: _____

Insurance Company: _____

Policy Number: _____ Telephone: _____

Physician: _____

Address: _____

Telephone: _____

Known Allergies, conditions, special needs and any medications being taken (prescribed & over the counter):

If I cannot be reached, any of the following persons are designated to act on my behalf:

Senior State President: _____ Anne Cabrié Forsythe

Senior Society President: _____

Chaperone as indicated on Registration: _____

Consent for medical treatment (minor):

As the parent/legal guardian of the above named child, I _____ (Parent/Guardian's Name) hereby give my consent for emergency medical care prescribed by duly licensed hospital, Doctor of Medicine, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature

Date

Mail to Ms. Rebecca Slaughter, 14333 Ferndale Road, Dale City, VA 22193-2132.

Or email to Rebeccaslaughter@gmail.com