

Chapter/County: _____

____ 4-H ____ FFA

Advisor / Agent: _____

Student: _____

____ Male ____ Female

2011 Georgia Beef School

Parental Consent and Medical Form

*Please thoroughly read and complete **BOTH** sides of this form*

The Undersigned, Being a Parent or Guardian

of _____ (insert name of minor) releases its representatives, agents, servants, and employees from liability for any injury to said minor, resulting from any cause whatsoever occurring to said minor at any time while attending the 2011 Georgia Beef School including travel to and from camp, excepting only injury or damage resulting from willful acts of such representatives, agents, servants and employees. The Georgia Beef School, University of Georgia, Georgia Cooperative Extension, and Georgia FFA Association are also released of any expenses for resulting from the injury.

To protect the safety of your child and other students, the 2010 Georgia Beef School has no-tolerance policies that immediately result in students being sent home. These policies are:

1. Use of violence or possession of weapons
2. Use of alcohol or drugs
3. Entering the room of the opposite sex
4. Being outside the room after curfew

Parents or guardians of students who violate these policies will be notified to pick up their child. Please stress to your child the importance of obeying all policies of Beef School and the advisor / agent.

NOTE TO TEACHERS / AGENTS:

Please have this form reproduced and see that each minor attending camp gets it completed and signed. If possible, reproduce this form on front and back for ease of handling. Collect these before leaving home, make sure you have them on the bus, and turn them in when you register. We suggest that you make a copy of this form for your information and protection. Without this on file **NO** medical treatment of any kind can be rendered.

**PLEASE COPY THE PARENTAL CONSENT/MEDICAL RELEASE
ON FRONT AND BACK OF ONE PAGE
(Continued on Back)**

Medical Release Form

1. Student Name _____ Chapter _____
2. Complete Address _____
3. Social Security # _____ Date of Birth _____
4. Name and Phone Number of Family Physician _____
5. **LIST ANY & ALL ALLERGIES:** _____
6. **LIST ALL CURRENT MEDICATIONS:** _____

7. Student's Health History: (heart condition, diabetes, asthma, any injuries) _____

If you have ever been diagnosed with asthma by a physician and have ever had medication including tablets, nebulizers, or inhalers, you MUST bring such treatment with you to camp or you will not be allowed to register!!

8. Any restrictions/medical conditions the nurse needs to be aware of: _____
9. Year of last immunization/immunity: Tetanus _____ MMR _____ Hepatitis _____
Varicella/Chicken Pox _____
10. In case of an emergency, provide contact information so that you can be notified at all times.
In case of an emergency, contact: _____
Relationship to the student: _____
Home Phone #: () _____
Work Phone #: () _____
Cell Phone #: () _____
Pager #: () _____
11. Secondary contact if above person can not be contacted.
Contact: _____
Relationship to Student: _____
Home Phone #: () _____
Work Phone #: () _____
Cell Phone #: _____
Pager #: () _____
12. Please **WRITE YES OR NO** to the following medications your child **may** or **may not be given:**
Tylenol _____ Ibuprofen _____ Pepto Bismol _____ Tums _____ Sudafed _____ Benadryl _____
Maalox _____ Immodium _____ Tussin Cough Syrup _____ Glucose Tabs _____ Visine _____
Neosporin _____ Hydrocortisone cream _____

I have read and understand the statements in this release form. I understand that should a health problem arise, I will be notified but if I can not be reached by telephone I consent to emergency medical treatment, which may include surgery for my child as deemed necessary by competent medical personnel. I also consent to the release of information for insurance purposes.

Parent/Guardian Signature _____

Parent/Guardian (Please Print) _____