

**New York State Women Inc/Winter Board
Youth Leadership
March 2-4, 2012**

MEDICAL FORM

Dear Parent/Guardian:

In the unlikely event of a medical emergency, it is important for the Conference Chair to have the following information and authorization from you. It is VERY IMPORTANT for you to complete this form.

Student Name _____

Parent/Guardian Name: _____

Student's Date of Birth _____

Allergies: _____

Health Insurance Carrier: _____ Contract # _____

Any medical/health related issues the Conference chair should be aware of:

Current Medications: _____

Family Doctor: _____ Doctor's Phone #: _____

MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern:

In the event that _____ becomes ill or is seriously injured and requires emergency medical treatment and I, as her parent/guardian cannot be contacted, please accept this statement as my authorization for her to be treated as required by a fully accredited physician at a fully accredited hospital. Should emergency procedures (surgery, etc.) be required, we ask that at least two (2) specialists in the appropriate field concur on the diagnosis and prescribed treatment.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Phone # _____ Parent/Guardian E-Mail: _____

Although this form is not required to be notarized, it is suggested that you do so. Please, if notarized, do so in the space below.