

(Please Print or Type Information)
PARTICIPANTS CONSENT FORM

I, _____ of
(Parent or Guardians Name) (Relation)

(Students Name) (Age) (Social Security Number)

of _____
(Complete Home Address including Zip Code)

_____, hereby authorize in advance any necessary medical
(Area Code and Telephone No.)

treatment required by: _____
(Students Name)

while he/she is absent from home _____ to _____
(Date) (Date)

In any event where the parent cannot be reached, please contact (name and phone number):

1. _____

2. _____

Name of Chapter _____

Advisor _____ Home Phone _____

Local Family Physician _____ Last Tetanus Toxid _____
(Year)

Physicians Phone Number _____

Allergies to any medications: _____

On any current medications? _____

Any serious illness or injury in the past? _____

Parents/Guardians Insurance Company: _____

Address: _____ Policy No. _____

Your son or daughter will be participating in the West Virginia State SkillsUSA Conference in Beckley, West Virginia (and surrounding areas), March 19-20, 2010.

As with all such conferences, there is the possibility that your son/daughter will have the opportunity to go swimming, go on sightseeing tours, etc. I hereby give my permission for my son/daughter to participate in these related activities.

We have read and agree to abide by the rules and regulations. We also agree that the school officials, the chapter advisors and the state staff have the right to send him/her home from the activity at our (parents) expense, provided that he/she has violated the rules and/or his/her conduct has become a detriment.

(Signature of parent or legal guardian giving permission) (Relationship) (Date)