\*\*A SEPARATE FORM IS REQUIRED FOR **EACH ADULT** ATTENDING STATE AUTHORIZED ACTIVITIES. Duplicate as necessary.

**ADULT AUTHORIZATION MEDICAL RELEASE**

NAME

NAME OF ORGANIZATION

ADDRESS

SCHOOL NAME

**MEDICAL RELEASE**

I, ( )

 (Signature of adviser, teacher or parent/guest) (Social Security #)

hereby authorize in advance any necessary medical treatment required for me.

I am presently under medical care. Yes No

If yes, explain:

Date Signed

Home Phone

Medical Insurance Co. Policy #

Name of Insured

Name of Family Physician

Any allergies, medications, etc.

**RELEASE**

I agree not to hold the Colorado Career and Technical Student Organizations, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

This release is for all local, district, state and national CTSO activities for the **current** school year beginning August 1 and ending July 31.

CVSO16