

NJ HOSA Medical Release Form

Student Name _____

Street _____ City _____ State _____ Zip _____

Age _____ Home Phone _____

Parents' Name _____

Street _____ City _____ State _____ Zip _____

<u>Emergency Information:</u>	Yes	No
On Medication	_____	_____
Allergies	_____	_____
Medical Restrictions	_____	_____

If you answered yes to any of the above, please explain:

Medical Insurance Information

Insurance Carrier _____
Name _____ Phone _____

Policy and Group Number _____

Emergency Contacts:

1. _____
Name _____ Relationship to Student _____ Phone _____

2. _____
Name _____ Relationship to Student _____ Phone _____

Family Doctor Name _____ Address _____ Phone _____

In the event of an accident or illness:

I do ___ do not ___ authorize the advisor to secure the services of a physician and/or hospital.

I will ___ will not ___ incur the expenses for the necessary services.

I on behalf of _____ do absolve and release school officials, the chapter advisor, and assigned State HOSA staff from any claims for personal injuries, which might be sustained while he/she is en route to and from or during the sponsored activity.

Parent's/Guardian Signature _____ Date _____

If over age 18 _____
Student's Signature

Advisors: Please bring this form with you to every HOSA event.