ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL, EUROPE REGION

Medical Consent Form Coversheet

(One coversheet required per group)

ACSI Europe Student Leadership Conference
Zichy-Vajta Konferencia Központ, Vajta, Hungary

Conference Date: _____

School: _____

City and Country: _____

Chaperone(s): _____

Head chaperone's Phone: _____

Head Chaperone's E-mail: _____

Number of completed medical forms attached: _____

MAKE SURE THAT THE MEDICAL INSURANCE INFORMATION IS COMPLETE.
Indicate any special situations (**please let us know about serious medical issues in advance**):

FORM REQUIRED FOR **EACH STUDENT**

ASSOCIATION OF CHRISTIAN SCHOOLS
INTERNATIONAL, EUROPE REGION

INSURANCE REQUIRED TO PARTICIPATE

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

_____ _____
Student Full Name Date of birth (yy/mm/dd)

_____ _____ _____ _____
Street address ZIP City Country

_____ _____
School School City

I _____, the natural parent/ legal guardian having legal custody of

_____, give my permission to a licensed doctor, physician, or emergency treatment center selected by the conference directors to administer the necessary attention and aid IMMEDIATELY to my child should he/she become injured/sick during the dates of the Student Leadership Conference, and to do so without having to wait until I am contacted. I consent to any X-rays, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care.

EMERGENCY CONTACT INFORMATION
I understand the conference directors will endeavor to reach me should the nature of the injury or illness warrant it. However, we will not hold any of the personnel responsible if efforts to contact me are unsuccessful. During the conference we expect to be at the following address and phone number:

Mother or father (guardian): _____
Name

_____ _____
Address Home Phone

_____ _____
Cell Phone Office Phone

MEDICAL INFORMATION
Medical Insurance Company: _____ Policy No: _____
Allergies to medicine or other allergies:

_____

_____

Child is presently taking the following medication (please list medication and reason):

_____ _____

_____ _____

Are there physical or medical conditions we should know about? If so, specify.

_____ _____

_____ _____ _____ _____
Mother (guardian) signature Date Father (guardian) signature Date