

2008 NSA Youth Leadership Conference Registration (page 2) Emergency Medical Consent and History

(Ages 10–16) Please complete and sign a form for each youth registrant.

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for youth who become ill or injured while attending the 2008 NSA Youth Leadership Conference when parents/guardians cannot be reached.

Part I —Emergency Contact Information

Youth's Name _____ Date of birth _____

Address _____

City _____ State _____ ZIP _____

Home Phone Number (_____) _____ E-mail _____

Mother's Name _____ Home phone (_____) _____

Cell phone (_____) _____

Father's Name _____ Home phone (_____) _____

Cell phone (_____) _____

Guardian's Name _____ Home phone (_____) _____

Cell phone (_____) _____

Emergency Contact _____ Home phone (_____) _____

Cell phone (_____) _____

Name of adult attending Conference with youth _____

Youth's relationship to this adult _____

Hotel youth and adult are staying in during Conference _____

Room # (to be filled in on-site) _____

Part II —Consent for Emergency Medical Treatment

I, _____, parent and/or legal guardian of _____, hereby give my permission for any/all emergency treatment deemed necessary by a licensed practitioner on my child during the period of time specified below. This consent is valid from August 2, 2008 thru August 5, 2008.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any/all treatment deemed necessary by a licensed practitioner. I authorize the transportation of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of one other physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Special instructions regarding child's medical treatment _____

Parent/Guardian's Signature _____ Date _____

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Part III —Youth's Medical History

Date of Birth _____ Social Security Number _____

Family Physician _____ Phone Number (_____) _____

Chronic Illnesses _____

Physical Disabilities _____

Allergies _____ Date of Last Tetanus Injection _____

Insurance Company _____ Phone Number (_____) _____

Insurance Company Address _____

Policy Holder's Name _____ Policy Number _____

Group Number _____ Plan Number _____

(PLEASE ATTACH A COPY OF YOUR INSURANCE CARD WITH THIS FORM)

Are there any current medical or emotional issues we should be aware of? _____

How should we handle these situations? _____

Are there any food, drug or other allergies we should be aware of? _____

What should be done if these foods are consumed? _____

What medications are being used at this time? _____

What should we be aware of in regard to these medications? _____

My child is allowed to take the following medications without my permission: (i.e. Aspirin, Advil, Midol etc.)

Have there been any recent illnesses or injuries? _____

What should we be aware of in regard to these illnesses or injuries? _____

**PLEASE COMPLETE ALL INFORMATION, SIGN AND RETURN WITH COPY OF INSURANCE CARD,
PAYMENT, AND YOUTH REGISTRATION FORM NO LATER THAN JULY 19, 2008 TO:**

**NSA Youth Leadership Conference
1500 South Priest Drive
Tempe, AZ 85281
(480) 968-2552
FAX: (480) 968-0911**

