

Green Country Challenge Speech & Debate Tournament

Medical Release Form

Chaperones must keep signed and completed forms in their possession throughout the tournament.
You will need one form per child.

Student Name: _____

Date of Birth: _____ Age: _____

Parents' Names: _____ Parent Phone: _____

Chaperone Name: _____ Chaperone Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Medical Insurance: Keep a copy of medical insurance card or a copy (both sides) with this form.

Company: Group Number: _____ Insurance ID: _____

List any information that would be helpful should we need to seek medical assistance:

List any medications student is taking at this time:

List any allergies to food, medication, environment, insects, etc:

Describe reaction:

What protocol is to be followed if you come in contact with an allergen?

Permission to Obtain Medical Treatment:

The Green Country Challenge Tournament Team has my permission to sign for/administer any medical treatment they deem necessary for my child, _____ while in their care between _____ (date) and _____ (date).

Parent Signature _____

Date _____