Region _____

Check One: _____Officer _____Chapter Member

_____Guest _____STAR Event Participant

STUDENT EMERGENCY FORM

Student's Name _____School_____

Last First Grade_____

Birth Date_____

Address _____

City_____Zip_____Home or Cell Telephone( )_____

TO PARENTS OR RESPONSIBLE PERSON: To serve your child in case of ACCIDENT or SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:

Mother's Name_____ Father's Name_____

Business Address_____ Business Address_____

City_____Zip_____ City _____Zip_____

Business Telephone ( )_____ Business Telephone ( )_____

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems or any chronic conditions, etc. Explanation_____

_____

We authorize the Texas Association, Family, Career and Community Leaders of America through its agents, employees, or chaperons, and the advisor representing _____school district, to direct and supervise our child, to secure any medical or other emergency services which in their reasonable discretion they believe to be necessary or desirable for our child during the said trip, and to arrange for and provide transportation for the said student to and from the meeting and to destinations during the course of that time span. Said transportation may involve public transportation, transportation in a school vehicle or a private vehicle, or a combination thereof.

We do hereby release and discharge and agree to indemnify and save harmless the Texas Association, Family, Career and Community Leaders of America, persons serving as employees, agents and chaperons of the Texas Association, Family, Career and Community Leaders of America and the representatives from _____school district from all claims, causes of action, damages, and liabilities whatsoever which might or could be asserted by us, or by or on behalf of our said child, or against us or our child by others by reason of the exercise of the authority in this document or any other transaction, occurrence, or event arising out of or related in any way to the trip to and from the specified meeting and the stay in the meeting city.

_____ _____

Signature of Parent or Responsible Person Date

Return with payment to Holidays 'N Travel.