



MEDICAL INFORMATION FORM

Louisiana State Leadership Conference

March 1 - 3, 2018

This form MUST be returned with the registration form to your Chapter Advisor.

Student Name: _____ **Age:** _____

Address: _____

City: _____ **Zip Code:** _____

Phone: (_____) _____ **Cell phone:** (_____) _____

Mother/Guardian: _____ **Phone:** (_____) _____

Workplace: _____ **Phone:** (_____) _____

Cell phone: (_____) _____

Father/Guardian: _____ **Phone:** (_____) _____

Workplace: _____ **Phone:** (_____) _____

Cell phone: (_____) _____

Other Emergency Contact: _____ **Phone:** (_____) _____

STUDENT MEDICAL INFORMATION [Check only if condition(s) are present or recurring]. Failure to disclose a medical condition that could be life-threatening or interfere with conference activities may result in dismissal of the student).

_____ Diabetes	_____ Asthma	_____ Heart Condition
_____ Hemophiliac	_____ Hearing Aid	_____ Wears Glasses/Contacts
_____ Neuro/Muscular Problem	_____ Allergy	_____ Other (please list below)

If any of the above conditions are checked, please explain. _____

Is student on any type of medication? _____ Yes _____ No May student self-medicate? _____ Yes _____ No

If yes, what type and dosage? _____

I understand that if this form is not received by the deadline, the student will not be eligible to attend the conference. In case of an accident or serious health condition, I hereby authorize hospital officials to make whatever arrangements are necessary and to contact me immediately. I understand that it remains my responsibility to make any future information changes on this medical information form as the need arises, by contacting Shirlene Bender (Louisiana HOSA State Advisor) at 337-989-0001. Otherwise, this authorization remains in effect as of this date, until program completion. Neither Southwest Louisiana Area Health Education Center or Louisiana HOSA, nor Louisiana HOSA Board of Directors, nor National HOSA assumes responsibility for any medical charges.

Parent's or Guardian's Signature

Date

Print Parent name

Advisors: Please return this form with registration.