



The Championship Debate Group Medical Release and Information Form

Please fill this form out carefully. Print clearly.

NAME OF STUDENT:

ADDRESS:

CITY: _____ STATE: _____

ZIP: _____

DATE OF BIRTH: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

PARENT OR LEGAL GUARDIAN NAME (S):

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

FAMILY DOCTOR NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____



SUMMER INSTITUTE 2010

Please provide the name of your health/accident insurance carrier (s) and appropriate policy certificate number (s):

NAME OF CARRIER:

CARRIER'S PHONE NUMBER:

CERTIFICATE NUMBER:

Does this student have any chronic or acute medical problems? YES NO

If YES, please explain:

List any allergies to food, pollen, or medicine or circle NONE

List any medications being taken at present time or circle NONE

MEDICAL RELEASE FORM

My son/daughter has permission to attend The Championship Debate Group on the campus of Concordia University in Austin, Texas. I fully realize that injury or illness to my son/daughter could result from or during participation in the institute. In case of such accident or illness, I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child while attending The Championship Debate Group.

Parent or Legal Guardian Signature

Date