EMERGENCY MEDICAL AUTHORIZATION S-1

The purpose of this form is to authorize the provision of emergency treatment for Business Professionals of America members who become ill or injured while attending a Business Professionals of America Illinois Association conference or activity. It is imperative the following information be furnished to Business Professionals of America so that the member will be cared for properly. The authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I, _____ of _____
(Parent's PRINTED Name) (Address) (City, State, Zip)

hereby give my consent for (1) the administration of any emergency treatment deemed necessary by a licensed physician or dentist, (2) the transfer to any hospital reasonably accessible, and (3) consent to release the medical information provided for

_____
(Student's PRINTED Name)

_____ Date_____
(Parent's/Guardian's Signature)

Day Phone_____ Evening Phone_____ Cell Number_____

Any hospital/practitioner not having access to the delegate's medical history, needs the information below:

Does the delegate have:	ANY ITEMS MARKED "YES" SHOULD BE EXPLAINED BELOW	
1. Any Allergies		
FOOD	_____YES	_____NO
MEDICATION	_____YES	_____NO
OTHER (insect, etc.)	_____YES	_____NO
2. Any Health, Physical Handicaps or Problems	_____YES	_____NO
3. Any Respiratory Problems	_____YES	_____NO
4. Any Diabetes	_____YES	_____NO
5. Any Epilepsy	_____YES	_____NO
6. Any Chronic Disease	_____YES	_____NO
7. Any Emotional or Psychological Problems	_____YES	_____NO
8. Any Medication Being Taken at Present	_____YES	_____NO

9. Any Glasses YES/NO, Contact Lenses YES/NO, Hearing Devices YES/NO worn?

If any of the above questions are marked "YES" please explain, and if taking medication please give name, amount of dosage and time medication is taken.

---

10. Date of last tetanus booster _____/_____/_____.
(Month) (Day) (Year)

11. Does delegate have all required immunization shots? _____YES _____NO