

Please print and complete this form. Each student attending an iBELIEVE Fall Leadership Summit without a chaperone must turn in this form at the check-in table upon arrival.

Emergency Contact & Authorization Form

Name of Student _____

School _____

Student Age: _____ Date of Birth: _____

Allergies: _____

Parent/Guardian Name(s) (please print): _____

Emergency Phone # (_____) _____ Alternate Emergency Phone # (_____) _____

Will the above named student be taking any medication during the event? YES NO

If "yes" please use the back of this form indicating the medication and appropriate dosage.

Should the above named student's activity be restricted in any way during the event? YES NO

If "yes" please use the back of this form to explain what the student should not do.

I give permission for the above student to be treated by the nearest hospital or emergency medicine facility in the event of a medical emergency.

Parent/Guardian Signature

The above named student has school authorization to attend the iBELIEVE Fall Leadership Summit.

Location: _____ Date: _____

School Administrator Signature

(_____) _____
School Administrator Phone #

School Administrator E-Mail: _____

