THIS FORM IS TO BE COMPLETED FOR ANY CONFERENCE PARTICIPANT UNDER THE AGE OF 18. PLEASE NOTE: CONFERES MAY NOT UTILIZE THE HEALTH CENTER FACILITY WITHOUT THIS COMPLETED FORM.

ATHLETES FOR BETTER EDUCATION (A.F.B.E.)

HEALTH HISTORY/MEDICAL TREATMENT PERMISSION FORM

Name of conferee	Birth date	Sex	Age
Parent or Guardian			
Home address		Phone	
Business address		Phone	
Other Emergency Contact			
Home address		Phone	
Business address		Phone	
Name of conference attending		Date of conference	
Health History: (give dates) Heart Defect/Disease Convulsions Diabetes Hypertension Mononucleosis Bleeding/Clotting Disorder Frequent Ear Infections Operations or serious injury (date	Diseases: (give dates) Chicken Pox Measles German Measles Mumps	Penicillin Other drugs Asthma	
Disability or chronic recurring illr	ess:		
Dietary modifications:			
Current medication taking:			
Do you carry family medical/hospi	tal insurance? Carrier	#	
order that my son/daughter may receive the above conference, I hereby authorize the conference, and I hereby hold A.F.B.E. as we I further understand that there is occurs, I hereby authorize conference staff further acknowledge and understand that or injury that he/she may sustain during the Understanding that there is always that my son/daughter is assuming the risk representatives from any claims for person	e proper medical treatment in the even onference staff to obtain or provide medical as its representatives, harmless in a salways a possibility that my son/daugand/or A.F.B.E. representatives to refer I will be responsible for any medical billine conference. The approximation of such physical illness or injury by his al illness or injury that my son/daughter my s	t that he/she may sustain injude it that he/she may sustain injude it the exercise of this authority her may sustain physical iller my son/daughter to a medical that may be incurred on being a sustain physical illness of the participation, and I furter may sustain during the cory the rules and regulations of	ughter for such injury or illness during the c. ness or injury while at a conference. If this cal treatment center (hospital, etc.). I chalf of my son/daughter for physical illness or injury, I acknowledge and understand her release A.F.B.E. and its