



Students Storm the Hill 2018

EMERGENCY CONTACT INFORMATION

Name: _____
First Middle Last

School/Group Name: _____ Participant's Age _____

Home Phone: _____ Mobile Phone: _____

Home/Permanent Address: _____
Street City, State Zip Code

Parent/Guardian Full Name _____
First Middle Last

Parent/Guardian Mailing Address _____
City State Zip

Parent/Guardian Home Phone _____ Other Phone (home, mobile, etc.) _____

Name of alternative person to contact in case of emergency: _____

Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Insurance Provider: _____ Policy#: _____ Insurance Phone: _____

Insurance Address: _____

Primary Physician: _____ Physician Phone: _____

Please indicate allergies or special health problems/concerns. _____

Are there specific medicines that you should not take? Yes No
If so, please indicate such medicines.

The student named above has my permission to travel with the above named group to participate in the TNPTA Student Storm the Hill Day in Nashville, TN on February 21, 2018. I give my consent for use of pictures from this student's involvement with these activities for publicity and promotional purposes. In the event of emergency, I understand that every effort will be made to contact me or the individual(s) listed above. However, I give my permission for the student named above to be treated by competent medical personnel as a result of any accident or medical emergency while involved with this activity and any related activities.

The student named above can participate with reasonable accommodations: Yes No
If no, please describe accommodations special needed: _____

Please complete and sign the permission statement below in order for your child to participate. Return signed copy to the sponsoring school/group named above. Please keep a copy of this statement for your records.

I authorize _____
(Student's first and last name) to participate fully in TNPTA Students Storm the Hill, February 21, 2018.

I have read and understand the commitment required for full participation and agree to support my child's involvement.

(Parent/Guardian Printed Name) **(Signature)** **(Date)**