



Are you allergic to any medication?  No  Yes      If yes, list: \_\_\_\_\_

A licensed health care provider may provide my child with:  Tylenol  Advil  Either  Neither

**NOTE: If you are taking medication regularly, you must bring a supply in its original labeled container.**

*I, the parent or legal guardian of \_\_\_\_\_ (my child), authorize  
(conference adviser) to obtain medical care for my child in the event such care is necessary. I understand that, if  
possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or  
accredited hospital, permission to perform any medical and/or surgical procedures that are essential for the treatment  
of my child, and agree to be responsible for payment of such care. I release NASSP, its employees, and agents from any  
damages, liability, or loss resulting from their securing, in good faith, medical care for my child.*

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADVISERS, PLEASE HAVE A COPY TO KEEP WITH YOU AT ALL TIMES.**