

OFF-SITE PERMISSION FORM

Required for participation in activities that take place outside of the Sheraton and Westin Kansas City hotels at Crown Center.

Advisers: Photocopy this form for each student participating in an off-site activity, and mail, fax or email the completed forms with your convention registration.

Parents and advisers: Please read and sign. Students applying for off-site programs must have a parental signature granting permission to travel away from the official convention site.



Send complete form to:
JEA/NSPA Spring Convention
2829 University Ave. SE, Suite 720
Minneapolis, MN 55414
Email: register@studentpress.org

Student name (printed)
School
Address
Adviser email
School phone
Adviser cellphone
Signature of student
Signature of parent or guardian
Signature of adviser

MEDICAL RELEASE FORM

Spring National High School
Journalism Convention
April 4-6 • Kansas City, Missouri

SCHOOL NAME: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

PARENT/GUARDIAN: _____ RELATIONSHIP: _____

CELLPHONE: _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE: _____

IF PARENTS CANNOT BE REACHED, CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

LIST IMPORTANT MEDICAL INFORMATION AND/OR HEALTH CONCERNS:

MEDICAL INSURANCE COMPANY: _____ I.D. OR GROUP NUMBER: _____

I confirm that the information on this medical release form is valid to the best of my knowledge. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Executive Director to hospitalize, to secure proper treatment, or to order injection, anesthesia or surgery for my child as named above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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