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 Fall Convention
2829 University Ave. SE, Suite 720
Minneapolis, MN 55414
Email: register@studentpress.org

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

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: ______________________

jea. NSPA

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