

**Grambling State University High School Day  
Saturday, September 22, 2018**

Information/Waiver/Consent /Health Form

**Personal and Medical Information**

**Print neatly.**

Name/Minor \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Youth's Social Security \_\_\_\_\_  
Date of last Tetanus Shot \_\_\_\_\_  
Known allergies: please indicate (food, medications, insects, etc) \_\_\_\_\_

Medical History (Diabetes, Epilepsy, Heart Murmur etc.) \_\_\_\_\_  
Current Medical Conditions: \_\_\_\_\_  
Current Medications (please designate medications that the child will require during the tour with a "\*"): \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

**Parents (or Legal Guardians)**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_  
Alternate Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information**

Group or Family Hospitalization Insurance Company: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy# \_\_\_\_\_

**Waiver of Responsibility**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, give my permission to him/her to participate in the Grambling State University Alumni Association Collie J. Nicholson Chapter's High School Day Tour, Saturday, September 22, 2018. I hereby release the Grambling State University Alumni Association Collie J. Nicholson Chapter and volunteer chaperones of any liability in the event of accident or injury. The undersigned shall be liable and agrees to pay all costs and expenses incurred should emergency medical and/or emergency dental services be required in connection rendered to the aforementioned minor pursuant to this authorization. Should it be necessary for the above-referenced child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned shall be liable and/or agrees to pay all travel expenses incurred in connection with medical emergencies or negative behavior causing said minor to be sent home during the tour.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Power of Attorney**

I, \_\_\_\_\_, of the County of \_\_\_\_\_, State of Texas, parent (or legal guardian) of \_\_\_\_\_, minor child, do by these present make, constitute, and appoint the Grambling State University Alumni Association Collie J. Nicholson Chapter (see "KEY" below) as his/her agent as my true and lawful attorney-in-fact to act for me and in my name, place and stead; and to do any, every, and all acts deemed proper or advisable to do or exercise on my behalf.

This Power of Attorney and appointment of the Grambling State University Alumni Association Collie J. Nicholson Chapter as my attorney-in-fact is for the limited purpose of consenting to emergency medical treatment for the above named minor child on **Saturday, September 22, 2018**, and shall not terminate on my physical or mental disability subsequent to the date of execution hereof.

I decline to appoint an Attorney-in-Fact because I will be traveling with the Tour (POA will be designated if this status changes).

In witness whereof I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed \_\_\_\_\_

**Notarization**

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
Signed \_\_\_\_\_, Notary Public, State of Texas