

**Grambling State University High School Day
Saturday, October 12, 2019**

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 University National Alumni Association Collie J. Nicholson Alumni Chapter's High School Day Tour, Saturday, October 12, 2019. I hereby release the Grambling University National Alumni Association Collie J. Nicholson Alumni 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 University National Alumni Association Collie J. Nicholson Alumni 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 University National Alumni Association Collie J. Nicholson Alumni 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, October 12, 2019**, 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