ASSOCIATION OF CHRISTIAN SCHOOLS
INTERNATIONAL, EUROPE REGION

Medical Consent Form Coversheet

(One coversheet required per group)

ACSI Europe Student Leadership Conference
Zichy-Vajta Konferencia Központ, Vajta, Hungary

Conference Date: _____________________________

School: _________________________________

City and Country: ______________________________

Chaperone(s): ______________________________

Head chaperone’s Phone: ______________________________

Head Chaperone’s E-mail: ______________________________

Number of completed medical forms attached: _______

MAKE SURE THAT THE MEDICAL INSURANCE INFORMATION IS COMPLETE.
Indicate any special situations (please let us know about serious medical issues in advance):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
FORM REQUIRED FOR EACH STUDENT

ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL, EUROPE REGION

INSURANCE REQUIRED TO PARTICIPATE

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

Student Full Name __________________________ Date of birth (yy/mm/dd)

Street address _________________________ ZIP __________ City __________ Country __________

School ____________________________ School City __________

I __________________________, the natural parent/ legal guardian having legal custody of __________________________, give my permission to a licensed doctor, physician, or emergency treatment center selected by the conference directors to administer the necessary attention and aid IMMEDIATELY to my child should he/she become injured/sick during the dates of the Student Leadership Conference, 2022, and to do so without having to wait until I am contacted. I consent to any X-rays, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care.

EMERGENCY CONTACT INFORMATION
I understand the conference directors will endeavor to reach me should the nature of the injury or illness warrant it. However, we will not hold any of the personnel responsible if efforts to contact me are unsuccessful. During the conference we expect to be at the following address and phone number:

Mother or father (guardian): __________________________
Name __________
Address ____________________________________________
Home Phone __________
Cell Phone __________ Office Phone __________

MEDICAL INFORMATION
Medical Insurance Company: __________________________ Policy No: __________
Allergies to medicine or other allergies: __________________________________________

________________________
Child is presently taking the following medication (please list medication and reason):

________________________

Are there physical or medical conditions we should know about? If so, specify:

________________________

________________________

Mother (guardian) signature __________ Date __________
Father (guardian) signature __________ Date __________