

## SPECIAL MEDICAL TREATMENT

Students, sponsors, or guests with a history of a particular medical problem requiring special treatment must submit the Permission for Medical Treatment and Special Medical Treatment forms. They should also wear an identifying bracelet or I.D. that would alert first-aid personnel to the existence of the particular problem. Each person registered must provide his own medical and accident insurance and provide ACTS with a statement releasing the ASSOCIATION OF TEACHERS AND SCHOOLS from responsibility and liability for any medical expenses incurred by him during his stay at the Convention or his travels to/from the Convention area.

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Names \_\_\_\_\_

Parents' Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of Special Problem: \_\_\_\_\_

\_\_\_\_\_

Attention or Treatment Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date