**ILLINOIS COORDINATING COUCIL**

**FOR**

**CAREER & TECHICAL STUDENT ORGANIZATIONS**

***Promoting and expanding career and technical student organizations as an integral part of the total education program***

Marta Lockwood, Project Director, State Officers Leadership Seminar, 8 S. Washington Street, Sullivan, IL 61941, Phone: 217/254-7921

Kristi Katcher, Project Coordinator, State Officers Leadership Seminar, P.O. Box 177 Divernon, IL 62530, Phone: 217/628-3463

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| **LIABILITY RELEASE & MEDICAL TREATMENT INFORMATION FORM** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to attend the ICCCTSO State Officer Leadership Seminar to be held in Springfield, Illinois during the Dates of Monday, July 25, 2022 to Wednesday, July 27, 2022. I understand that the ICCCTSO, Illinois State Board of Education, Project Seminar Staff, and/or any entity thereof will not be held liable for any accidents and/or injuries which may occur going to, during, or returning from the seminar. The seminar will be supervised by the adult Project Staff.

As parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I authorize Marta Lockwood, Kristi Katcher, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Adviser to act as parent to the above-named student in securing medical treatment for injury and/or illness from the date of July 25 up to and including July 27, 2022.

My son/daughter will be traveling with:

Check one: \_\_\_\_ Adult adviser or other adviser

 \_\_\_\_ Driving himself/herself to and from Springfield

 \_\_\_\_ Driving with another student

 \_\_\_\_ Traveling by train or commercial bus

 Date Signature of parent/guardian

**NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CTSO NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any relevant medical and/or dietary information.**

**Check all that apply:**

**Special Diet Required**

* Vegetarian (no meat, but will eat eggs, cheese, and milk)
* Lactose Free
* Other special diet required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical (allergies, etc.)**

* Food/drug allergies list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Note if you food/drug allergies so severe that a rescue inhaler or “Epi-pen” or like item is required. Please list the drug and method of delivery.
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other, list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_