

**Speech & Debate Registration and Medical Authorization Form**

**STUDENT INFORMATION**

Name (LAST, First) \_\_\_\_\_ Circle: Male or Female

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s) \_\_\_\_\_ (Home) \_\_\_\_\_ (cell)

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS**

Health Insurance Plan Name: \_\_\_\_\_

Insurance Plan Number: \_\_\_\_\_ Student Birth Date \_\_\_\_\_

Pertinent Medical Conditions (if any) \_\_\_\_\_

Pertinent Medications (if any) \_\_\_\_\_

Physician (name) \_\_\_\_\_ Phone \_\_\_\_\_

As the parent or legal guardian of the above-named minor, I hereby grant permission for my son/daughter to participate in the Brighton High School event listed above. I hereby appoint the Brighton Central School District chaperones to act on my behalf, if necessary, to administer and authorize emergency medical and dental care for the above-named minor.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_