

# Medical Liability Release Form

**DIRECTIONS:** Due to legal restrictions, it is necessary that **all** delegates, parents/guardians, guests and Educators Rising Advisors complete this form to be eligible to attend the 2024-2025 Educators Rising activities starting August 1, 2025, through June 30, 2026. This form should be completed and returned to your Educators Rising Chapter Advisor before the first activity that you will be attending.

## PLEASE TYPE OR PRINT ALL INFORMATION

*Delegate Parent/Guardian*

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

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

Parent/Guardian: Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Local Advisor: \_\_\_\_\_ School Name: \_\_\_\_\_

Student is covered by group or medical insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the following information:

Name of insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergies: \_\_\_\_\_ e. Physical Handicap: \_\_\_\_\_

b. Convulsions: \_\_\_\_\_ f. Medicine Reactions: \_\_\_\_\_

c. Blackouts: \_\_\_\_\_ g. Disease of any kind: \_\_\_\_\_

d. Heart/lung issues: \_\_\_\_\_ h. Other (Be specific): \_\_\_\_\_

If currently taking medication, please provide the following information:

Name of medication: \_\_\_\_\_

Prescribing Physician/Phone Number: \_\_\_\_\_

**LIABILITY RELEASE.** I certify that the information on page 1 is accurate and complete to the best of my knowledge. I understand that everyone is responsible for his/her own insurance coverage during this trip. I hereby release the Educators Rising Board of Directors, the Educators Rising Staff, State and Local Educators Rising Associations, and any designated individual in charge of the Educators Rising group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

**PARENT/GUARDIAN:** Please check one of the following and sign your name.

☐

I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

☐

I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)

Delegate's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please maintain a copy of this form in your files. This form MUST be on file with Mississippi Educators Rising.**

**Mail the original copy to:  
Mississippi Educators Rising  
P.O. BOX 771  
Jackson, MS 39205 - 0771**

## Educators Rising Conduct Code

A good reputation enables members to take pride in their organization. Educators Rising members have an excellent reputation. Your conduct at any Educators Rising function should make a positive contribution to the reputation that has been established.

1. Your behavior always should be such that it reflects credit to you, your school, your state and Educators Rising.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors always informed of their activities and whereabouts. (Educators Rising Conference name badges shall be always worn at Educators Rising functions)
3. Everyone is expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any accidents, injuries, or illnesses to their local or state advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew means that each person must be in own room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay all damages.
7. Members/participating in any Educators Rising activities at the Local, State, or National Conference will avoid consumption or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
8. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
9. Any long-distance phone calls, charges to the room, etc. will be the responsibility of the individual student and/or parents.
10. Members are to abide by the State, and National attire policy (as stated in memos to Chapter Advisors or addressed in the National Conference Guide) at all sessions.
11. As a delegate to MS Educators Rising activities, permission is granted to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by **MS Educators Rising**.

I have read the Code of Conduct for the Educators Rising Conferences and activities and agree to abide by these rules.

---

Print Name of Parent/Guardian	Parent/Guardian Signature	Date
-------------------------------	---------------------------	------

---

Print Name of Student	Student Signature	Date
-----------------------	-------------------	------