

# Texas Alternate Medical Form

In Lieu of Medical Insurance Information

**To Whom it my concern:**

The following minor student, \_\_\_\_\_ who will attend the Youth  
(Student Name)

Leadership Conference from \_\_\_\_\_ to \_\_\_\_\_ at the following conference site  
(date) (date)

\_\_\_\_\_, hereby release and hold harmless the Military  
(Conference name & site)

Order of the World Wars, the Texas Patriotic Education Foundation, Inc., and all affiliated organizations, from any injury or illness incurred during the course of the conference.

Also, as a condition for attending the conference, **in lieu** of providing health insurance required by the above named organizations on the minor student, **I (we) accept the financial responsibility for any medical treatment rendered by competent medical facilities or medical physicians licensed in the State of Texas.** I (we) also will be available 24 hours a day to approve medical care and will be expected to provide billing information including credit card information to the authorized medical facility or physician.

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Parent Printed Name)

\_\_\_\_\_  
(Parent Printed Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, ZIP)

\_\_\_\_\_  
(City, State, ZIP)

\_\_\_\_\_  
(Telephone number to be contacted)

\_\_\_\_\_  
(Telephone number to be contacted)

\_\_\_\_\_  
(Cell phone number to be contacted)

\_\_\_\_\_  
(Cell phone number to be contacted)