

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)