

Staff Development Day 2018

PARTICIPANT EMERGENCY INFORMATION FORM (students and adults)

Wednesday July 11th - Catonsville Library
1100 Frederick Rd, Catonsville, MD 21228

A COMPLETED FORM MUST BE SUBMITTED AT CHECK-IN AT THE EVENT

Check One: <input type="checkbox"/> Student <input type="checkbox"/> Adult		SCHOOL/ORGANIZATION:		DATE	
Last Name:		First Name:		Gender:	
*Parent/Guardian:		*Home Phone		*Daytime Phone:	
Emergency Contact:		Home Phone:		Daytime Phone	
Street Address:		City/Town:		STATE:	
24 Hour <input type="checkbox"/> Yes <input type="checkbox"/> No		School Insurance Company Name:		Policy Number:	
Private Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Private Medical Insurance Company Name:		Policy Number:	
Date of last Immunization Booster:		ALLERGIES: <input type="checkbox"/> Bee Sting <input type="checkbox"/> Poison Oak/Ivy <input type="checkbox"/> Ragweed <input type="checkbox"/> Penicillin <input type="checkbox"/> Other (Describe):			
Special Dietary Considerations:			Other medical or physical considerations, , i.e. diabetes, seizures, etc.:		

Students bringing medications should use the form from their schools system....Follow your own school system field trip procedures to transport and "hand off" medications.

Describe any activity in which participant may NOT participate:

***PARENT/GUARDIAN PERMISSION**

The student named above, _____, has my permission to participate in this MASC event. Further, I give my permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures for the student named above as may be necessary. I also permit such procedures to be carried out at and by local hospitals in the event that the student named above has been taken there for emergency care. I understand that any medical expense will be billed directly to me or my insurance company.

***PHOTO PERMISSION (names will NOT be used)**

Photographs of the student named above MAY MAY NOT be posted on the MASC web site or other student leadership sites.

Parent/Guardian Signature: _____ **Date:** _____

PARTICIPANT CONTRACT (Students and Adults)

I hereby state that the information provided above is accurate to the best of my knowledge and further agree to participate fully in this Maryland Association of Student Councils event and will comply with the policies and procedures set forth. I further agree to follow all rules and regulations set up by the Maryland Association of Student Councils and my school. Failure to follow these rules or regulations, failure to comply with instructions from advisors or other authorities, or failure to conduct myself in a manner considered to promote a safe and successful experience will result in an immediate removal from the event without refund of charges for my participation.

As leaders, we must be continually aware of our actions and their effects. In order to make an impact we must exercise an awareness of responsibility to ourselves, to the organizations with which we are associated, and to other people. This code was developed through a cooperative process involving the MASC Executive Board, state officers, and regional advisors.

As leaders we will:

- *Serve as role models to our peers and set an example for all to follow.
- *Be inclusive of all students while advocating, involvement, and participation in various activities.
- *Maintain a high level of respect towards others and ourselves.
- *Strive to be committed leaders and encourage others to reach their full potential.
- *Remember that part of our leadership responsibilities include helping, training, and encouraging future leaders.
- *Fulfill our role as a person whom others can count on and whose word is solid and trustworthy by refraining from cheating, stealing, or lying.
- *Realize that our actions directly impact the integrity and credibility of MASC.
- *Maintain the high integrity that MASC has achieved.
- *Abide by all rules and procedures laid out by our host facility and organization

MASC does not discriminate on the basis of race, color, religion, sex, age, ancestry or national origin, familial status, marital status, physical or mental disability, sexual orientation or genetic information in its programs and activities and provides equal access and a welcoming environment to all groups.

By signing this form, participants in MASC Events, including students and advisors agree to abide by this Code of Ethics and MASC Diversity Statement.

Participant (student and adult) Signature: _____ **Date:** _____

*(Items marked with * are for students only)*

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Follow MASC on Social Media to keep up to date with all the upcoming events, news, and work of the MASC Officer Team and Executive Board. Our website is also a great resource- www.mdstudentcouncils.org.