

NatStuCo REGION 2 – Serving Leaders in DE, MD, NJ, NY, PA

NatStuCo is a program of the National Association of Secondary School Principals.



Region 2 Conference –

MEDICAL PERMISSION SLIP

DELEGATE CONTACT INFORMATION:

Student Name: _____
Gender: Male Female Date of Birth: _____
School: _____ Grade: _____

Home Address: _____
City/State/Zip _____

Home Phone: _____
Cell Phone: _____

E-Mail Address: _____

PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION:

Parent Name(s): _____
Work Phone(s): _____

Parent Name(s): _____
Work Phone(s): _____

Emergency Contact Name: (other than parent) _____
Emergency Contact Phone: _____

Emergency Contact Name: (other than parent) _____
Emergency Contact Phone: _____

MEDICAL INFORMATION:

Allergies: _____
Medications Taken: _____

OUR MISSION STATEMENT: "NASC Region 2 strives to positively guide and encourage effective leadership among current and future generations of students throughout the states of Delaware, Maryland, New Jersey, New York, and Pennsylvania. While acting on this vision, Region 2 will stimulate all student leaders, advisors, and individuals to unite and motivate the growth of Student Councils."

Specific Conditions:

Asthma	_____	Medication:	_____
Diabetes	_____	Medication:	_____
Epilepsy	_____	Medication:	_____
OTHER	_____	Medication:	_____
OTHER	_____	Medication:	_____

Date of last tetanus shot: _____

Should the delegate be restricted from any type of recreational activity? _____

If yes, please explain: _____

Any prescription/non-prescription medications that should NOT be administered?

A licensed health care provider may provide my child with:

Tylenol _____ Advil _____ Either _____ Neither _____

MEDICAL INSURANCE INFORMATION:

Company: _____ State: _____

Policy No.: _____ Name on Card: _____

Physician Name: _____ Phone Number: _____

NOTE: If you are taking medication regularly, please bring a supply in a LABELED container.

I, the parent or legal guardian of _____ authorizes the New York Council on Leadership and Student Activities (NYS CLSA) and staff or volunteers from Canandaigua Academy to obtain medical care for my child in the event such care becomes necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed physician and/or accredited hospital permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment of such care. I release NYS CLSA and the Canandaigua City School District, their staff and volunteers from any damages, liability, or loss resulting from their securing in good faith medical care for my child. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the NatStuCo Region 2 Conference. I also grant permission for my son/daughter to be transported by a staff member or parent volunteer of NYS CLSA or the Canandaigua City School District for medical treatment in a non-emergency situation. Note: A MASC executive director will be at this conference.

Parent/Guardian Signature: _____

Date: _____