

First Name: _____ Last Name: _____ Grade: _____ Region: _____

MASC Workshop Presenter Certification: October 14, 2023

PARTICIPANT EMERGENCY INFORMATION FORM

Please complete this form and carry it to the on-site check in (DO NOT E-MAIL THIS FORM)

*Parent/Guardian:		*Cell Phone	*Home Phone:	*Work Phone
Emergency Contact: (If parents cannot be reached)		Home Phone:		Daytime Phone
School:	Principal:		Principal Email:	
Who is responsible for medical payments? <input type="checkbox"/> Individual <input type="checkbox"/> Insurance		If individual, please provide credit card information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Name on Credit Card: _____ Cardholder's Signature: _____
School Insurance? Day: <input type="checkbox"/> Yes <input type="checkbox"/> No 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:	Physicians Phone 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): Are you allergic to any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:			
Special Dietary Considerations:			A licensed health care provider may provide my child with: <input type="checkbox"/> Tylenol <input type="checkbox"/> Advil <input type="checkbox"/> Either <input type="checkbox"/> Neither	
BRIEF MEDICAL HISTORY (Special Health Conditions – diabetes, seizures, etc.)				
NOTE: Students bringing medications should use the form from their school system. Follow your own school system field trip procedures to transport and "hand off" medications to the MASC executive director or his/her designee. NOTE: If you are taking medication regularly, you must bring a supply in its original labeled container.				
Describe any activity in which participant may NOT participate:				
*PARENT/GUARDIAN PERMISSION				
I, the parent or legal guardian of _____ (my child), authorize the MASC executive director or his/her designee to obtain medical care for my child in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider 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 NASSP, its employees, and agents from any damages, liability, or loss resulting from their securing, in good faith, medical care for my child.				
*PHOTO PERMISSION (names will NOT be used if requested)				
Photographs of the student named above <input type="checkbox"/> MAY <input type="checkbox"/> MAY NOT be posted on or used by MASC or other student leadership websites.				
Parent/Guardian Signature: _____			Date: _____	
MASC PARTICIPANT CONTRACT				
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 Signature: _____			Date: _____	



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