FULL School Name: _____

First Name:_____ **Last Name:**_____ **Grade:**___ **Region:**_____

MASC Convention: February 28-29, March 1, 2024
PARTICIPANT EMERGENCY INFORMATION FORM

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

*Parent/Guardian:	*Cell Phone	*Parent/Guardian	*Cell Phone
Emergency Contact(s): *(If parents cannot be reached)*	Name and Cell Phone:		Name and Cell Phone:
Advisor:	Advisor Email:		Principal Email:
School Insurance? Day: ☐ Yes ☐ No 24 Hour ☐ Yes ☐ No	School Insurance: Company Name:		Policy Number:
Private Medical Insurance? ☐ Yes ☐ No	Private Medical Insurance Company Name:		Policy Number:
Date of last Immunization Booster:	ALLERGIES: ☐ Bee Sting ☐ Poison Oak/Ivy ☐ Ragweed ☐ Penicillin ☐ Other (Describe): Are you allergic to any medication? ☐ No ☐Yes If yes, list:		Physicians Phone Number:
Special Dietary Considerations:			
A licensed health care provider may provide my child with: ☐ Tylenol ☐ Advil ☐ Either ☐ 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 MASC, its employees, and agents from any damages, liability, or loss resulting from their securing, in good faith, medical care for my child.

Parent/Guardian Signature:_____ Date:_____

REMINDER

All students must also complete (signed: student, parent/guardian/principal) and bring the Delegate Contract.

Please bring this completed form to the on-site check-in: DO NOT E-MAIL THIS FORM