

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Region: \_\_\_\_\_ School \_\_\_\_\_



**ADULT EMERGENCY INFORMATION FORM**

Emergency Contact: <i>Name:</i> _____		Relationship: _____	Cell Phone: _____
Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	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): _____ Are you allergic to any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list: _____		
<b>Special Dietary Considerations</b>	_____		
BRIEF MEDICAL HISTORY (Special Health Conditions – diabetes, seizures, etc.) _____ _____			
<b>NOTE: The school attending advisor is responsible for student medications..... The on-site nurse is available to handle on-site urgent care</b>			
Describe any activity in which participant may <u>NOT</u> participate: _____			
<b>*Authorization</b>			
I authorize the MASC executive director or his/her designee to obtain medical care for myself in the event such care is necessary. My emergency contact will be notified. 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 myself, 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 myself.			
<b>*PHOTO PERMISSION</b> (names will NOT be used)			
Photographs of myself <input type="checkbox"/> MAY <input type="checkbox"/> MAY NOT be posted on or used by MASC or other student leadership websites.			
Signature: _____		Date: _____	
<b>MASC PARTICIPANT CONTRACT</b>			
<b>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.</b>			
By signing this form, participants in MASC Events, agree to abide by this Code of Ethics and MASC Diversity Statement.			
Student Signature: _____		Date: _____	

**Please turn in this form at the on-site check-in. DO NOT E-MAIL THIS FORM**

*This confidential form will be shredded after the conference*