

**Convention
March 11-13, 2025**

First Name: _____ Last Name: _____

Grade _____ Region: _____ School _____

STUDENT PARTICIPANT EMERGENCY INFORMATION FORM



*Parent/Guardian:		*Cell Phone	*Parent/Guardian:	*Cell Phone
Emergency Contact: <i>(If parents cannot be reached)</i>		Name:	Cell Phone:	
Advisor:		Advisor Email:	Principal Email:	
Who is responsible for medical payments? <input type="checkbox"/> Individual <input type="checkbox"/> Insurance	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:	
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): Are you allergic to any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:			
Special Dietary Considerations			MASC may provide my child with: <input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> CALL FIRST	
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 your attending advisor. The on-site nurse is available to handle on-site urgent care only during convention times at the Convention Center -the nurse is not available at the hotels				
Describe any activity in which participant may <u>NOT</u> 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.				
*PHOTO PERMISSION <i>(names will NOT be used if requested)</i>				
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: _____				
REMINDER				
All students must also complete (signed: student, parent/guardian/principal) and bring the Delegate Contract.				

Please turn in this form to your on-site Advisor. DO NOT E-MAIL THIS FORM

This confidential form will be shredded after the conference

Advisors should make a copy of this form to have at the hotel at night.