



First Name: _____ Last Name: _____
Region: _____ School: _____



ADULT EMERGENCY INFORMATION FORM

Fall Leadership Conference: Nov. 22, 2025 – Northwest HS, Montgomery County

Emergency Contact: Name: _____		Relationship: _____	Phone: _____
Additional Emergency Contact Name: _____		Relationship: _____	Phone: _____
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			
BRIEF MEDICAL HISTORY (Special Health Conditions – diabetes, seizures, etc.) _____ _____			
NOTE: The attending school advisor is responsible for student medications..... The on-site first aid provider is available to handle on-site urgent care and will notify the advisor of any student's major health issues.			
Describe any activity in which participant may <u>NOT</u> participate: _____ _____			
*Authorization 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. *PHOTO PERMISSION (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: _____			
MASC PARTICIPANT CONTRACT *Serve as role models to all students and set an example for all to follow by maintaining a high level of respect towards others. *Fulfill my role as an advisor on whom others can count including supervising my students and other students at this event. *Realize that my actions directly impact the integrity and credibility of all advisors and MASC. 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. Please keep devices in silent mode to avoid disruption. Devices are encouraged for on-task and meeting-relevant engagement. By signing this form, advisors in MASC Events, agree to abide by the above statements. 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