



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Grade \_\_\_\_\_ Region: \_\_\_\_\_ School \_\_\_\_\_  
T-Shirt Size (adult sizes) \_\_\_\_\_

**STUDENT PARTICIPANT EMERGENCY FORM** Convention: March 18-20 2026

*Parent/Guardian:		* Phone	* Alternative Phone:
Emergency Contact: Name (If parents cannot be reached)		Phone:	Additional Emergency Contact: Name and Cell 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:		
<b>Special Dietary Considerations</b> (including Observing Ramadan!)	MASC may provide my child with: <input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> CALL FIRST Other Instructions:		
<b>There is a difference between vegetarian and vegan. Dietary restriction should include Ramadan dietary restrictions as the end of Ramadan overlaps Convention. A quiet space at the Convention Center on a level MASC is not using has been reserved for those observing Ramadan.</b>			
BRIEF MEDICAL HISTORY (Special Health Conditions – diabetes, seizures, etc.)			
<b>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 first aid provider is available to handle on-site urgent care</b>			
Describe any activity in which participant may <u>NOT</u> participate:			
<b>*PARENT/GUARDIAN PERMISSION</b> 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. <b>*PHOTO PERMISSION</b> (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. <b>Parent/Guardian Signature:</b> _____ <b>Date:</b> _____			
<b>MASC PARTICIPANT CONTRACT</b> 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.  <b>Please keep devices in silent mode to avoid disruption.</b> <b>Devices are encouraged for on-task and meeting-relevant engagement.</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.  By signing this form, participants in MASC Events, agree to abide by this contract. <b>Student Signature:</b> _____ <b>Date:</b> _____			



Please turn in this form to your advisor! This confidential form will be shredded after the conference