



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



Convention: Dates: \_\_\_\_\_ Location: \_\_\_\_\_

**STUDENT PARTICIPANT EMERGENCY INFORMATION FORM**

T-Shirt Size: \_\_\_\_\_

*Parent/Guardian:		* Phone	* Alternative Phone:
Emergency Contact: Name <i>(If parents cannot be reached)</i>		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>	<b>The attending school advisor may provide my child with:</b> <input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Benadryl <input type="checkbox"/> CALL FIRST Other Instructions:		
BRIEF MEDICAL HISTORY (Special Health Conditions – diabetes, seizures, etc.)			
<p><b>Note:</b> Students who need to bring medication should use the appropriate medication authorization form required by their school system. Please follow your local school system’s field trip procedures for transporting medications and for transferring (“hand-off”) those medications to the attending school advisor upon arrival. The attending advisor from the student’s school is responsible for the storage and administration of any medications.</p> <p>MASC does not provide a first aid station and does not administer medications or medical treatment. MASC assumes no responsibility for medical procedures or medication administration required by participants. Advisors should follow all school system procedures for field trips and bring first aid supplies.</p>			
Describe any activity in which participant may <b>NOT</b> participate:			
<p><b>*PARENT/GUARDIAN PERMISSION</b></p> <p>I, the parent or legal guardian of _____ (my child), authorize my child’s attending advisor 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 the attending school advisor, its employees, and agents from any damages, liability, or loss resulting from their securing, in good faith, medical care for my child.</p> <p><b>Parent/Guardian Signature:</b> _____ <b>Date</b> _____</p>			
<p><b>*PHOTO PERMISSION</b> (names will NOT be used if requested)</p> <p>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.</p> <p><b>Parent/Guardian Signature:</b> _____ <b>Date</b> _____</p>			

**This form will be held by the on-site attending school advisor. MASC will NOT collect this form.**

Comments: