



First Name: _____ Last Name: _____

Grade _____ Region: _____ School _____



Legislative Session: Date: _____ (Snow Date _____) Location: _____

STUDENT PARTICIPANT EMERGENCY INFORMATION FORM

*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:		
Special Dietary Considerations	The attending school advisor may provide my child with: <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>Note: 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.</p> <p>Describe any activity in which participant may <u>NOT</u> participate:</p>			
*PARENT/GUARDIAN PERMISSION			
I, the parent or legal guardian of _____ (my child), authorize my child’s <u>attending advisor</u> 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.			
Parent/Guardian Signature: _____		Date: _____	
*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: _____	
MASC PARTICIPANT CONTRACT			
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.			
As leaders, we must be continually aware of our actions and their effects. In order to make an impact we must exercise an awareness of responsibility to ourselves, to the organizations with which we are associated, and to other people. This code was developed through a cooperative process involving the MASC Executive Board, state officers, and regional advisors.			
<i>As leaders we will: *Serve as role models to our peers and set an example for all to follow. *Maintain a high level of respect towards others and ourselves *Be inclusive of all students while advocating, involvement, and participation in various activities. *Strive to be committed leaders and encourage others to reach their full potential. *Remember that part of our leadership responsibilities include helping, training, and encouraging future leaders. *Realize that our actions directly impact the integrity and credibility of MASC. *Fulfill our role as a person whom others can count on and whose word is solid and trustworthy by refraining from cheating, stealing, or lying. *Maintain the high integrity that MASC has achieved. *Abide by all rules and procedures laid out by our host facility and organization</i>			
Please keep devices in silent mode to avoid disruption. Devices are encouraged for on-task and meeting-relevant engage			
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 Code of Ethics and MASC Diversity Statement. In the case of medical needs, students will contact their attending school advisor.			
Student Signature: _____		Date: _____	



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