

Pennsylvania Association of Student Councils
Summer Leadership Workshop
MEDICAL PERMISSION SLIP

This form MUST be completed, signed, and brought to registration at the workshop. No student will be allowed to register without submitting this information.

Name: _____ Age: _____ Sex: _____
First Middle Last

Complete mailing address: _____

Home Phone: (____) _____

Parent's Name(s): _____

Parent's Work Phones: (____) _____ (____) _____

Student's Date of Birth _____

Emergency Contact other than parent: Name, address, phone of person to be contacted if parent cannot be reached. _____

Specific Allergies: _____

Medications: _____

Asthma _____ Medication: _____

Diabetes _____ Medication: _____

Epilepsy _____ Medication: _____

Date of last tetanus shot: _____

Should the delegate be restricted from any type of recreational activity?

_____ Yes _____ No If yes, explain: _____

Are there any prescription or non-prescription drugs that should NOT be administered?

Medical Insurance Company Name: _____

Address: _____
Number & Street City State Zip

Policy Number: _____

Phone Number: (____) _____

Physician's Name: _____

Phone Number: (____) _____

Signature of Person Holding Insurance _____

NOTE: If you are taking medication regularly, please bring a supply in a labeled container.

I, the parent or legal guardian of _____ (my child) authorize the Pennsylvania Association of Student Councils 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 physician 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 PASC, its employees, and agents from any damages, liability, or loss resulting from their securing in good faith medical care for my child. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the workshop.

Signed: _____
(Parent/ Guardian) (Date)