

**South Carolina Association of Student Councils
Summer Workshop Medical Permission Form 2011**

This form must be completed, signed, notarized, and turned in at registration for the summer workshop. No student will be registered without submitting this information. (Please print or type)

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

Address: _____
 Number Street City State Zip

Home phone: (____) _____ Parent's name(s) _____

Parent's work phone(s): (____) _____ (____) _____

Name and phone number of person to be contacted in case of emergency (other than parents):
_____ Phone: (____) _____

School I attend: _____ School Phone: (____) _____

School Principal: _____ Home phone (____) _____

Medical Insurance Company Name: _____ Policy Number _____

Address: _____
 Number Street City State Zip

*****This form must be notarized. Also attach a photocopy of both sides of your
insurance card. If no insurance, attach a notarized letter
indicating the parent/guardian will be responsible for any medical
expenses that may occur.*****

Family Physician's Name: _____ PHONE # (____) _____

Brief Medical History

Allergies: _____	Medications: _____
Asthma: _____	Medication: _____
Diabetes: _____	Medication: _____
Epilepsy: _____	Medication: _____

Should delegate be restricted from any type of recreational activity? _____ Yes _____ NO
(If yes, please explain _____)

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

Any other pertinent information: _____

NOTE: If you are taking medication regularly, please bring a supply in labeled containers.
Any other medicine required: _____

The undersigned parent or guardian of _____ authorizes the South Carolina Association of Student Council's representatives to obtain medical care for her/him in the event such care is necessary. If possible, the parent(s) or guardian of the named individual will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician or hospital staff to perform any medical and/or surgical procedures that are deemed essential to the treatment of the above individual. The parents or guardian of each student attending hereby releases the South Carolina Association of Student Councils and its representatives from liability for any occurrence in relation to said convention.

Signed _____ (parent or guardian) _____ (date)

Notary: _____ My commission expires _____