

**South Carolina Association of Student Councils
Summer Camp Workshop Medical Permission Form 2019**

No student will be registered without submitting this information. (Please print or type)

Name: _____ Age: _____ Sex: _____

Address: _____ 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 in the Fall: _____ School Phone: (____) _____

If student is covered by insurance... **A copy of the insurance card (front and back) must be attached**

Medical Insurance Company Name: _____ Policy Number _____

Address: _____

If student is NOT covered by insurance, this portion must be completed and signed. I, _____, will be responsible for any medical expenses that should occur while my student is attending the SCASC Summer Leadership Camp.

Parent/Guardian signature _____

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 to give to the camp nurse to be dispensed. 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 summer leadership camp.

Signed _____

(parent or guardian)

(date)

**2019 SCASC Summer Leadership Camp
PARTICIPANT COMMITMENT FORM**

Dear Parent or Guardian: We are delighted that your son or daughter will be attending the Summer Leadership Workshop of the South Carolina Association of Student Councils, July 14-18, 2019. Because we wish to ensure the safety of your child, as well as other participants, we have developed the following behavioral expectations.

All delegates are expected to:

1. **Wear** appropriate workshop **name badge** throughout the workshop.
2. **Attend all sessions** at the designated times and places.
3. **Always display the appropriate mode of attire and behavior** that is representative of any student council position.

Because the Workshop is held in the summer, students may dress casually, but appropriately. They must not bring controversial clothing to the workshop.

- *Controversial clothing includes: spaghetti strap or strapless tops; short shorts; crop tops; cut out or frayed clothing; bathing attire (except at the pool); tank tops with extra large arm and neck holes; clothing with ads for alcohol, tobacco, drugs, or with profanity, sexual pictures, or inference to these items. Students wearing prohibited apparel will be asked to change. Shirts and shoes must be worn at all times.*
- *Use of electronic devices, including cell phones, headphones and hand-held games is prohibited during any meeting, activity, or general session.*
- *Food, drink (except water), or noisemakers are prohibited in general sessions.*

4. Respect the rights and safety of others. Students exhibiting irresponsible behavior that endangers the health, safety, or welfare of themselves or others will be sent home immediately at their expense. Students are expected to demonstrate respect toward other students, advisers, and presenters. Therefore, the following behavior will not be allowed: talking during presentations, interfering with delegate/staff members' ability to participate, or creating an intimidating, hostile, or offensive environment.

5. Inform an adult if a problem arises. The safety and well-being of all student delegates attending this workshop are of utmost importance. For this reason, if at any time during the workshop an incident occurs that makes the student feel threatened or intimidated, he or she should tell a senior staff person immediately.

6. Understand that the use of alcohol, tobacco products, vaping devices, e-cigarettes, or any paraphernalia associated with these things or illegal drugs as well as the possession of any type of weapon, play or real, is strictly prohibited. Any student found possessing or under the influence of any illegal drug or alcohol, or possessing a weapon will be sent home immediately at his/her expense. SCASC senior staff will notify both the student's school principal and parents of the infraction.

7. Respect the property of others. Students are not to take objects from workshop areas or any other property visited. Theft and vandalism will not be tolerated.

8. Social Media/Electronic devices: Anyone using any form of social media in an inappropriate manner will not be tolerated and this behavior is strictly prohibited. Students are subject to being sent home and the students home school will be notified.

9. Remain on the campgrounds and in designated areas. Once students arrive at the workshop, those delegates that drove cars to the camp are required to turn in car keys to the designated senior staff member. No one is allowed to leave campus once the camp begins. Keys will be returned at breakfast on Thursday morning.

Violation of any of these expectations may result in your student being sent home at his/her expense. (Of course, we would much prefer that everyone have an exciting and safe workshop!) We appreciate your support of your child's involvement in leadership development. Your signatures below indicate that you have read and discussed the above guidelines with your student and are in agreement with these expectations. Thank you!

Parent/Guardian Signature _____

Parent/Guardian Name (please print or type) _____

Student Signature _____

Student Name (please print or type) _____

Advisor Signature _____

Principal Signature _____

Student's School Name _____

PLEASE TURN IN THIS SIGNED FORM WITH THE CONFERENCE REGISTRATION FORMS (Advisors should keep a copy for their files)

**Don't Forget
your
insurance
card!**