South Carolina Association of Student Councils
Summer Workshop Medical Permission Form 2022

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:(___)_____
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:_____
Number Street City State Zip

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 convention.

Signed_____ _____
(parent or guardian) (date)