

2020 VISION OF LEADERSHIP
SCASC STATE CONVENTION 2020
Wade Hampton High School March 13-15, 2020

Medical Permission Form

This form must be completed and submitted with your delegate registration. Advisors should make a copy of this form to keep with them at all times during the convention. No student will be registered without submitting this information. (Please print or type)

Student's Name: _____ Age: _____ Sex: _____

Address: _____

City, State, Zip: _____ Home phone: (____) _____

Parent's name(s) _____

Parent's home phone(s): _____ Parent's cell phone: _____

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: _____

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 2020 SCASC State Convention (Wade Hampton High School).

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: _____

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NOTE: If you are taking medication regularly, please bring a supply in labeled containers and work with your advisor as to how it will be dispensed.

-The undersigned parent or guardian of _____ authorizes an SCASC or Wade Hampton High School 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 Wade Hampton High School and the South Carolina Association of Student Councils and its representatives from liability for any occurrence in relation to said convention.

Signed _____ (Date) _____
(Parent or guardian)