South Carolina Association of Student Councils Summer Workshop Medical Permission Form 2024

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

Name:			Age:	Sex:
Last	First	Middle	J	
Number	Street	City	State	Zip
Home phone: ()	Parent's name(s	s)		
Parent's work phone(s):	()	()		
Name and phone number	of person to be contacted in o	case of emergency (oth	er than parents):	
School I attend:			School Phone:()
If student is covered by in Medical Insurance Comp	nsurance A copy of the insurany Name:	ırance card (front and	l back) must be att _ Policy Number	ached
Number	Street	City	State	Zip
Family Physician's Name	ee:_			
Brief Medical History		Medications:		
	Medications: Medication:			
	Medication:			
Should delegate be restricted	cted from any type of recreati	onal activity?Y	es	_NO
Any other pertinent infor				
camp nurse to be disper		se bring a supply in la		_
The undersigned parent of			authorizes ti	
	Student Council's representat			
of an emergency. Permis medical and/or surgical p	sible, the parent(s) or guardid sion is hereby granted to the l procedures that are deemed e, of each student attending her	licensed physician or ho ssential to the treatmen	ospital staff to perfo t of the above indivi	rm any dual.
Councils and its represen	ntatives from liability for any	•		: 2 <i>j</i>
Signed	(parent or guardian)	(date	e)	