2020 KSHSAA STUDENT COUNCIL SUMMER LEADERSHIP WORKSHOP

MEDICAL FORM

Bring this completed Medical Form along with the completed Participant Commitment Form to registration 1st day of workshop. DO NOT MAIL.

PERMISSION TO PARTICIPATE & MEDICAL CONSENT

I, the undersigned parent/guardian of _____ (PRINT) hereby give my permission for him/her to participate in the **KSHSAA Student Council Summer Leadership Workshop**. I understand the workshop delegates will be closely supervised and agree that the workshop staff/supervisors, the Kansas State High School Activities Association, and Emporia State University are not responsible in case of injury or illness. I further understand that first aid will be available and that should a serious injury or illness occur, medical or hospital care will be provided. I realize I will be notified in case of serious injury or illness involving my child. However, should notification attempts be unsuccessful, I hereby grant my permission and consent for emergency medical or surgical care to be given, as determined necessary by a licensed physician.

PARENT/GUARDIAN NAME (PRINTED) SIGNATURE DATE

ADDRESS DAY PHONE # EVENING PHONE #

MEDICAL INSURANCE INFORMATION

NAME OF COMPANY COMPANY'S ADDRESS POLICY #

HEALTH HISTORY INFORMATION

FAMILY PHYSICIAN ADDRESS PHONE #

YES NO ALLERGIES: _____

_____

YES NO CURRENT MEDICATION: _____

_____

OTHER MEDICAL/MENTAL HEALTH INFO TO BE AWARE OF: _____

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