



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
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ADDRESS	DAY PHONE #	EVENING PHONE #

MEDICAL INSURANCE INFORMATION

NAME OF COMPANY	COMPANY'S ADDRESS	POLICY #
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HEALTH HISTORY INFORMATION

FAMILY PHYSICIAN	ADDRESS	PHONE #
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YES NO ALLERGIES: _____

YES NO CURRENT MEDICATION: _____

YES NO HAVE BEEN COVID-19 VACCINATED *(not required for workshop attendance)*

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