

KSHSAA STUDENT COUNCIL SUMMER LEADERSHIP WORKSHOP

MEDICAL FORM - ADULT

Bring this completed Medical Form to registration 1st day of workshop or email to abrucken@kshsaa.org (do not email later than the Wednesday before camp).



PERMISSION FOR MEDICAL CONSENT

I, _____ (PRINT) understand 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 my emergency contact will be notified in case of serious injury or illness. However, should notification attempts be unsuccessful, and I am unable, I hereby grant my permission and consent for emergency medical or surgical care to be given, as determined necessary by a licensed physician.

NAME (PRINTED)	SIGNATURE	DATE
----------------	-----------	------

ADDRESS	PHONE #
---------	---------

DATE OF BIRTH

EMERGENCY CONTACT INFORMATION

NAME	PHONE #	RELATIONSHIP
------	---------	--------------

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: _____

