KSHSAA STUDENT COUNCIL SUMMER LEADERSHIP WORKSHOP

MEDICAL FORM - STUDENT

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

PRINT CLEARLY Delegate Name _____

School _____

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 #

STUDENT'S DATE OF BIRTH

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: _____

_____