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:

_____

PRINT CLEARLY Delegate Name _____ School _____