

PASC STATE CONFERENCE MEDICAL FORM

Student Name: _____

Gender: _____

School: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Cell _____

Phone: _____

Email: _____

Date of Birth: _____

Grade: _____

PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION:

Parent Names: _____

Work Phone(s): _____

Cell Phone(s): _____

Emergency Contact Name: (other than parent) _____

Emergency Contact

Phone: _____

MEDICAL INFORMATION:

Allergies (circle one) YES NO

If yes, specify.

Specific Conditions:

Medication: _____
Medication: _____
Medication: _____
Medication: _____

Date of last tetanus shot:

Should the delegate be restricted from any type of recreational activity?

If yes, explain:

Any prescription/nonprescription medications that should NOT be administered? _____

A licensed health care provider may provide my child with:

_____ Tylenol

_____ Advil

_____ Either

_____ Neither

_____ Tums

Asthma? _____

Diabetes? _____

Epilepsy? _____

OTHER concerns an adult should know?

MEDICAL INSURANCE INFORMATION:

Company:

Policy No.:

Name on Card:

Physician Name:

Phone Number:

NOTE: If you are taking medication regularly, please bring a supply in a LABELED container and show your advisor, so he/she is aware.

I, the parent or legal guardian of _____ authorizes PASC staff

/volunteers or school advisor to obtain medical care for my child in the event such care becomes necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed physician and/or accredited hospital permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment of such care. I release PASC and Westmont Hilltop Jr./Sr. High School, their staff and volunteers from any damages, liability, or loss resulting from their securing in good faith medical care for my child. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the PASC State Conference. I also grant permission for my son/daughter to be transported by a staff member or parent volunteer of PASC or Westmont Hilltop Jr./Sr. High School for medical treatment in a non emergency situation.

Parent/Guardian Signature:
