

HEALTH INFORMATION FORM - *National StuCo Vision Conference*

Submit 3 copies of this completed form to your Executive Director/Advisor prior to traveling to the conference.

PERSONAL INFORMATION

Participant Name _____

Street Address _____

City, State, Zip _____ Phone _____

Date of Birth _____ Age at conference _____

Sex assigned at birth (Please circle): Male Female Prefer not to answer

BRIEF MEDICAL HISTORY

Does the participant (circle all that apply):

Carry a rescue inhaler Carry an Epinephrine device Have an anti-seizure device implant

Asthma ____ YES ____ NO Medications _____

Diabetes ____ YES ____ NO Medications _____

Epilepsy/Seizures ____ YES ____ NO Medications _____

Allergies to meds ____ YES ____ NO If Yes, please list _____

Other Allergies ____ YES ____ NO If Yes, please list _____

Other Health Concerns ____ YES ____ NO If Yes, please list _____

Current medication and dosing instructions: _____

**Note: If the participant is bringing medication, please bring a supply in its original container.*

EMERGENCY INFORMATION

Primary Emergency Contact Name _____

Phone _____ Relationship to participant _____

Alternate Emergency Contact _____

Phone _____ Relationship to participant _____

Physician Name (optional) _____ Phone _____

AUTHORIZATION

By signing below, I authorize medical care for the above-named individual in the event such care is reasonably necessary. I grant permission to a licensed health care provider or accredited hospital to perform any reasonably necessary medical and/or surgical procedures deemed essential in the treatment of the above-named individual, and I agree to be responsible for payment of such care. I hereby release any conference advisor, state executive director, state student council association, NASSCED, host school, and any employees or agents thereof from any and all damages, liability, or loss resulting from their discretion in securing, in good faith, medical care for the above-named individual.

☐ Parent/Legal Guardian (if participant is under 21) ☐ Adult Participant

Name of Signer: _____

Relationship to Participant (if applicable): _____

Signature: _____ Date _____