



STUDENT DELEGATE MEDICAL FORM

Revised May 2018

North Carolina Association of Student Councils, Inc.

This is an **editable PDF**. Click on the line to enter the requested information. You can use the Tab key to move from field to field. Most fields **REQUIRE** a response. **After completion, PRINT** the form and obtain parent/guardian signature at bottom - **REQUIRED**.

Completed on _____ by _____ School _____
Spell out name...not just initials

Personal

Name _____ Date of Birth _____ Sex _____
First Middle Last m-d-yy M or F

Address _____
Number & Street City State Zip

Emergency Names & Phone Numbers

Enter Phone #s in this format: 000-111-2222 Home Landline _____ Student Cell _____
Phone Numbers Phone Numbers

Parent / Guardian Name #1 _____ #2 _____

If parent can not be reached, Name _____ Relationship to Student _____

Student's Physician Name _____ Clinic Name _____

Insurance

Does student have medical insurance? _____ Enter **YES** or **NO** Phone Number _____

If **NO**, who is responsible for medical payments? _____

If **YES**, Insurance Company _____ Policy Info: # _____ ID# _____ Group# _____

Insurance Company Phone _____ Address _____

Brief Medical History

Allergies or special needs _____

Current Medications and Dosing Info: _____

Enter **YES** or **NO** *Please bring an adequate supply in a labeled container (preferably the pharmacy-dispensed container).*

Asthma _____ Medication _____
Diabetes _____ Medication _____
Epilepsy _____ Medication _____

Tetanus vaccination up-to-date? _____ Enter **YES** or **NO** Date, if known _____

Should student be **restricted** from any type of activity? _____ Enter **YES** or **NO** and if YES, list and/or explain below.

Restricted Activities _____

Are there any prescription or non-prescription drugs that should **NOT** be administered? _____ Enter **YES** or **NO** and if YES, list below.

Prohibited medications _____

Please enter below **any other pertinent information** of which we should be aware in the event of an emergency. Attach additional sheet if necessary.

I, the parent or legal guardian of _____, authorize and direct the North Carolina Association of Student Councils (NCASC) to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any reasonably necessary 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 NCASC, its employees, and agents from any damages, liability, or loss resulting from their discretion in securing in good faith medical care for my child.

Enter Parent / Guardian Name Signing Form

Signature

Date