

Advisers/State Directors are required to keep a completed and signed medical form for each student in their charge at all

times during the National Student Council Conference. Students, please give a copy to your conference adviser and place one in your name badge holder. NASSP/NatStuCo does not keep copies of any student's medical form. Please have a copy of your insurance card or other proof of insurance with you.

(Please print or type)				
Name:		Age:	Sex:	
Last First	Middle			
Address:				
Number and Street	City	State	Zip	
Date of Birth:	Social Secur	ity Number: _		
Home Phone: ()	Parent Name	Parent Name(s):		
Parent Daytime Phone(s): ()	(()		
Name and phone number of person to be conta	cted in case of emerge	ncy (if parents	s cannot be reached):	
	Phone: ()			
School Attend: School Phon		e: ()		
School Address:			<u> </u>	
Number and Street	City	State	Zip	
School Principal:	Home Phone	e: ()		
Who is responsible for medical payments? $\ \square$	Individual □ Insuranc	е		
If individual, please provide credit card informa	tion: □ Visa □ Maste	rCard □ Ame	erican Express 🗆 Discover	
Name on Credit Card Exp. Date	 Cardholder's	Signature		
·				
Medical Insurance Company Name:				
Policy Number:	Name on Ca	rd:		
Physician's Name:	Phone Numb	oer: ()		
BRIEF MEDICAL HISTORY				
Special Health Condition (list)	Medication a	nd Dosage (if	taken)	
1				
2				
3				
Additional Related Information:				
Should delegate be restricted from any type of		If yes, exp		

Are you allergic to any medication? □ No □ Yes If yes, list:
A licensed health care provider may provide my child with: □ Tylenol □ Advil □ Either □ Neither
NOTE: If you are taking medication regularly, you must bring a supply in its original labeled container.
I, the parent or legal guardian of (my child), authorize
(conference adviser) to obtain medical care for my child in the event such care is 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 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 NASSP, its employees, and agents from any
damages, liability, or loss resulting from their securing, in good faith, medical care for my child.
Parent or Guardian Signature Date

ADVISERS, PLEASE HAVE A COPY TO KEEP WITH YOU AT ALL TIMES.