NOTE: THIS FORM MUST BE COMPLETED, SIGNED, AND TURNED IN AT REGISTRATION
DO NOT MAIL! No student will be allowed to participate at the State Convention without submitting this form

MEDICAL PERMISSION FORM

(Please print or type)

Name: _____ Age: _____ Sex:_____
Last First Middle

Address: _____
Number/street City State Zip

Parent's daytime phone(s): (____) _____ (____)_____

Name and phone number of person to be contacted in case of emergency (If parents cannot be reached):

_____ Phone: (____)_____

School I attend: _____School Phone: (____) _____

School Principal _____ Home Phone: (____) _____

Physician's Name: _____ Phone Number (____) _____

BRIEF MEDICAL HISTORY

Special Health Concerns (allergies etc): _____

Current Medications:_____ Dosage per day:_____
Asthma: ☐ yes ☐ no Medication:_____
Diabetes ☐ yes ☐ no Medication: _____
Epilepsy ☐ yes ☐ no Medication: _____
Should student be restricted from any type of activity? ☐ yes ☐ no
If yes, please explain: _____

Are there any prescription or non-prescription drugs that should NOT be administered? ☐ yes ☐ no

Allergic to any medication? ☐ yes ☐ no If yes, list _____

A licensed health care provider may provide my child with ☐ Tylenol ☐ Advil ☐ Either ☐ Neither

NOTE: If you are taking medication regularly, please bring a supply in a labeled container.

I, the parent/legal guardian of _____(my child), authorize the South Dakota Student Council Association 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 for such care. I release SDSCA, its Board, and staff from any damages, liability, or loss resulting from their securing in good faith medical care for my child.

Parent or Guardian Signature: _____Date: _____