

**NOTE: This form must be completed, signed, and turned in at registration**

**DO NOT MAIL!** No student will be allowed to register at the conference without submitting this form

### MEDICAL PERMISSION FORM

(Please print or type)

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(by medical insurance requirements – FORMS WILL BE SHREDDED after conference)

Address \_\_\_\_\_  
Number & Street City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

School I Attend \_\_\_\_\_

Medical Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip Code

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### BRIEF MEDICAL HISTORY

Special Health Concerns (allergies etc.) \_\_\_\_\_

Current Medications \_\_\_\_\_ Dosage Per Day \_\_\_\_\_

Current Medications \_\_\_\_\_ Dosage Per Day \_\_\_\_\_

Should delegate be restricted form any type of activity?  yes  no

If yes, please explain \_\_\_\_\_

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 or legal guardian of \_\_\_\_\_ (my child), authorize the Minnesota Association of Secondary School Principals to obtain medical care for my child in the event such care 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 MASSP, 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: \_\_\_\_\_