

Arizona Association of Student Councils
Serving Arizona's Student Councils Since 1934

MEDICAL AUTHORIZATION FORM

On rare occasions, an emergency requiring hospitalization and/or surgery develops. Since minors may not as a rule, be administered an anesthetic or be operated up or receive medical treatment without written consent of their legal parent or guardian, AASC requires that this form be thoroughly completed and signed by the student's parents/guardians. This is intended to prevent any delay of medical treatment in the event that an emergency situation occurs during any AASC sponsored function and we are unable to immediately contact legal parents/ guardian.

Participant's Complete & Full Name: _____

Address: _____
Street Address Street Name or PO Box Number Apt. Number City State Zip Code

Name of Parent/Guardian: _____

Parent/Guardian Contact Telephone Numbers:
Cell Phone: () _____
Home Phone: () _____
Work Phone: () _____

Name and Phone Number of Nearest Relative/Person to Contact If Parent/Guardian Cannot Be Reached in the Event of an Emergency: _____

Name of Insurance Company (Medical) _____

Insurance Policy Number: _____

Physician's Name and Phone Number: _____

Birth Date Student: _____ Gender of Student: _____

List any Allergies or Medications: _____

List any Current Illnesses/Disabilities of Student: _____

List Any Activities that may Restrict Student: _____

On the Back of this Form Please List Any Information That You Feel Would be Helpful if an Emergency Situation Should Arise.....

I as the legal Parent/Guardian of _____ do hereby grant the Arizona Association of Student Councils consent/permission to act for the parents/guardians in the event that a medical emergency occurs.

Legal Parent/Guardian Signature: _____ Date: _____

TURN IN THIS FORM WHEN YOU BOARD BUSES