NCASC MEDICAL FORM

North Carolina Association of Student Councils, Inc.

DO NOT HAND COMPLETE

This is an editable PDF. ***DOWNLOAD TO YOUR COMPUTER.*** *Then open and complete. 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,*** *save it on your computer.* **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

Phone Numbers

Home Landline _____

Phone Numbers

Student Cell _____

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: _____

Please bring an adequate supply in a labeled container (preferably the pharmacy-dispensed container).

COVID Information (as of the completion of this form) Vaccination Status Select one below

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 authorize the North Carolina Association of Student Councils (NCASC) to obtain medical care and arrange for necessary related transportation 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 emergency 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 the licensed provider and 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 Name of Parent / Guardian Signing Form _ **Signature of Parent / Guardian** **Date Signed**