

2023 KSHSAA STUDENT COUNCIL SUMMER LEADERSHIP WORKSHOP

**MEDICAL FORM - ADULT**

Bring this completed Medical Form to registration 1<sup>st</sup> day of workshop.  
DO NOT MAIL.



**PERMISSION FOR MEDICAL CONSENT**

I, \_\_\_\_\_ (PRINT) understand that the workshop staff/supervisors, the Kansas State High School Activities Association, and Emporia State University are not responsible in case of injury or illness. I further understand that first aid will be available and that should a serious injury or illness occur, medical or hospital care will be provided. I realize my emergency contact will be notified in case of serious injury or illness. However, should notification attempts be unsuccessful, and I am unable, I hereby grant my permission and consent for emergency medical or surgical care to be given, as determined necessary by a licensed physician.

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NAME (PRINTED)	SIGNATURE	DATE
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ADDRESS	PHONE #
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**EMERGENCY CONTACT INFORMATION**

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NAME	PHONE #	RELATIONSHIP
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**MEDICAL INSURANCE INFORMATION**

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NAME OF COMPANY	COMPANY'S ADDRESS	POLICY #
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**HEALTH HISTORY INFORMATION**

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FAMILY PHYSICIAN	ADDRESS	PHONE #
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YES    NO    ALLERGIES: \_\_\_\_\_

YES    NO    CURRENT MEDICATION: \_\_\_\_\_

OTHER MEDICAL/MENTAL HEALTH INFO TO BE AWARE OF: \_\_\_\_\_

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