

Students must complete this form, including the administrative approval, and bring it to the on-site registration at the meeting.

**STUDENT EMERGENCY AND PERMISSION FORM
MASC EXECUTIVE BOARD MEETING**

**WINTERS MILL HIGH SCHOOL 560 GORSUCH ROAD, WESTMINSTER, MD 21157
FEBRUARY 9, 2010 8:30 a.m. – 3:00 p.m.**

Registration starts at 8:30 a.m. Participants need to bring \$3 for lunch (pizza, chips, drinks). The meeting will start at 9:00 a.m. and is over at 3:00 p.m. This meeting will include MASC business, leadership training, and other discussion items. Be sure to register your attendance online (www.mdstudentcouncil.com) on or before February 5, 2010.

Refer questions to Mr. Lance Ledebur (lledebur@msde.state.md.us)

Name	Grade	Date
School	Male/Female	
Address (street)	(city)	(state) (zip)
Parent/Guardian	Home Phone	Work Phone
In Case of EMERGENCY, we may contact		Phone
Have you had a booster shot? No ___ Yes ___ When? _____	Student School Insurance? No ___ Yes ___ Day ___ 24hr ___	
Other Medical Insurance Name:	Policy Number:	
Are you allergic to: Bee Stings ___ Poison Ivy ___ Ragweed ___ Poison Oak ___ Penicillin ___ Other _____		
Special Dietary Considerations:	Vegetarian?	
Other Special Medical or Physical Considerations:		
List any activity student may NOT participate in:		

Parent Permission

My son/daughter _____ has my permission to participate in this MASC Executive Board Meeting. Further, I give my permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my son/daughter. I also permit such procedures to be carried out at, and by the local hospitals in the event that my son/daughter has been taken there for emergency care. I understand that any medical expense will be billed directly to me or my insurance company.

Parent/Guardian Signature: _____ Date: _____

My son/daughter has permission to be photographed or videotaped for use by MASC, the MSDE Youth Development Office, and other student leadership organizations. No names will be used.

Parent/Guardian Signature: _____ Date: _____

Student Contract

I agree to follow all rules and regulation set up by the Maryland Association of Student Councils and the local school system. Failure to follow these rules or regulations, a teacher request, or failure to conduct myself in a manner that will promote a safe and successful experience will result in an immediate return to home or school and forfeiture of all money.

Student Signature: _____ Date: _____

Administrative Approval

I am aware that _____ will attend this MASC Executive Board meeting.

Administrator's Signature: _____ Date: _____