



# Ohio Association of Student Councils | OASC

## Health Release/Contact Form

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Please print, complete, and bring this form to the upcoming OASC event for which you are registered. Be sure to complete both pages.

| Your Information |      |            |
|------------------|------|------------|
| First Name:      | MI:  | Last Name: |
| Home Address:    |      |            |
| City:            | Zip: |            |
| Date of Birth:   |      |            |
| SS#:             |      |            |

| Parent / Legal Guardian Information |  |  |
|-------------------------------------|--|--|
| Parent / Legal Guardian Name:       |  |  |
| Home Phone: ( ) -                   |  |  |
| Work Phone: ( ) -                   |  |  |
| Cell Phone: ( ) -                   |  |  |
| Parent / Legal Guardian Name:       |  |  |
| Home Phone: ( ) -                   |  |  |
| Work Phone: ( ) -                   |  |  |
| Cell Phone: ( ) -                   |  |  |

| Other Emergency Contact |               |
|-------------------------|---------------|
| Name:                   | Relationship: |
| Cell Phone: ( ) -       |               |

| Insurance      |
|----------------|
| Provider Name: |
| Policy Number: |

| Authorization   |
|---|
| In the event of an emergency, I authorize medical treatment by a qualified health care professional/hospital. |
|   |
| Signature _____ Date _____  |
| <b>Parent / Legal Guardian Signature required if attendee is under 18</b>                                     |

Existing medical conditions:

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Known allergies and symptoms:

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Authorized O.T.C. medications:

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Any prescription medications taken regularly:

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Other:

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**Please also complete the previous page.**