



NMASC HEALTH INFORMATION FORM

Submit with all other required forms/registration USPS postmark May 2, 2023

(for each student and advisor/adult registered)

Personal Information

Print Student Name _____
Street Address _____ Date of Birth ____ / ____ / ____
City, State, Zip _____
Home/Cell Phone _____ Gender _____

Emergency Information

Parent/Guardian Name _____ (Phone) _____
Another Contact _____ (Phone) _____
Physician Name _____ (Phone) _____

Medical Payment & Insurance Information

Person Responsible for Medical Payment _____ (Phone) _____
Does Student Have Medical Insurance? YES NO
If Yes, Name of Insurance Company _____ (Phone) _____
Name of Insured _____
Street Address of Insurance Company _____
ID # _____ Group # _____
City, State/ Zip _____

***PLEASE ATTACH A PHOTOCOPY OF THE INSURANCE CARD.**

Brief Medical History

Asthma	YES	NO	Medications _____
Diabetes	YES	NO	Medications _____
Epilepsy/Seizures	YES	NO	Medications _____
Heart	YES	NO	Medications _____
Other Health Concerns	YES	NO	If yes, please list _____
Medical Allergies	YES	NO	If yes, please list _____
COVID-19 Vaccinated	YES	NO	<i>*Not required for conference attendance.</i>
Current Medications/Instructions	_____		

***IF BRINGING MEDICATION, PLEASE BRING MEDICATION IN A LABELED CONTAINER.**

I, the parent or legal guardian of _____, authorize the school advisor and direct the New Mexico Association of Student Councils (NMASC) to obtain medical care 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 any reasonably necessary 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 school advisor and the NMASC from any damages, liability, or loss resulting from the discretion in securing in good faith medical care for my child.

Parent/Guardian Signature _____ Date _____