



# Parent/Guardians' Power of Attorney



MASC Annual Conference  
March 6-8, 2024

STUDENT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

I hereby authorize and empower (name of advisor) \_\_\_\_\_  
to secure necessary and required medical aid for the above-named student from departure (date)  
\_\_\_\_\_ to (date) \_\_\_\_\_ return date.

Further, if an emergency should arise necessitating surgery by reason of illness or accident, the said advisor, (name of advisor) \_\_\_\_\_, may execute any medical or hospital authorization for and in behalf as if I were personally present.

It is agreed and understood that prior to exercising the above power of attorney in the event of an emergency, the above-named attorney, therefore shall make every effort to contact the parent or guardian for oral approval or disapproval.

### PARENT/GUARDIAN #1

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### PARENT/GUARDIAN #2

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### ADVISOR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### STUDENT MEDICAL INFORMATION

Insurance Company: \_\_\_\_\_ Identifying Number: \_\_\_\_\_

### PLEASE LIST ALLERGIES TO MEDICATIONS/SIGNIFICANT MEDICAL HISTORY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MASC is requesting that each student complete this form or a local form giving such information. The advisor should have these forms with them during the convention. The advisor should alert the MASC nurse of any medical problems which you feel should be brought to our attention.