



Parent/Guardians' Power of Attorney



MASC Annual Conference
March 4-6, 2026

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.