



Junior / Resident Counselor Medical Form and Agreement

Please keep a copy for training / planning and return original to AWSL by June 1 for JCs or July 1 for RCs.

Race/Ethnicity (Optional)

- Hispanic / Latino of any race(s)
- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White
- Two or More Races

Camp Session _____

Legal First Name _____ Last _____

Preferred Badge Name _____ School/Work _____

Select Preferred Home number (_____) _____ - _____ Cell number (_____) _____ - _____

Mailing Address _____

City, State _____ Zip _____ Email _____

Date of Birth ____ / ____ / ____ Gender Female Male Other High School Attended _____

Parent/Guardian Name _____ Parent Day/Cell Phone (_____) _____ - _____

Emergency contact other than parent _____ Phone (_____) _____ - _____

Medical Insurance Company _____ Policy Number _____

MEDICAL INFORMATION - IF YOU ARE YOUNGER THAN 18 TO BE COMPLETED BY PARENT OR GUARDIAN - ATTACH DETAILS IF NEEDED

- Dietary needs: Vegetarian Vegan Dairy Free Gluten Free

- Peanut allergy? No Yes, ingested Yes, airborne

Other dietary, health concerns or allergies:

Date of last tetanus shot: _____

Current medications/taken for: _____ Dose/Time of Day: _____

Can a health care professional provide over the counter medication? Yes No Restrictions: _____

Should the delegate be restricted from any type of activity? _____

Does your child need special accommodations due to physical challenges? _____

Counselor Agreement: If I am accepted as a Junior Counselor or a Resident Counselor, I agree to abide by all regulations established by the officials of the Washington Student Leadership Program and will commit to being a worthy representative by contributing my best efforts toward the success of the retreat/camp.

Counselor Signature: _____ Date: _____

Parent or Guardian Permission: As the parent or guardian I give my permission for my son/daughter to serve as a Junior Counselor or Resident Counselor for the Association of Washington Student Leaders (AWSL) at Cispus or Chewelah Peak Learning Center. By signing this form I give permission for photographs, slides or videos of my child to be used for information, publication, presentation or other educational purposes. I authorize AWSL to obtain medical care for my son/daughter in the event such care is necessary. In the event of an emergency every effort will be made to contact the parent(s) or guardian of the counselor. Permission is hereby granted to the licensed health care professional or accredited hospital and their associates to perform necessary medical and/or surgical procedures that are deemed essential to the treatment of the above named individual. I also agree to be responsible for the payment of such care.

Parent/Guardian Signature: _____ Date: _____

JCs, please return original to AWSL by June 1, 2018. RCs, please return original to AWSL by July 1, 2018.

Mail To:
Association of Washington Student Leaders
2142 Cispus Road
Randle, WA 98377

Fax:
360-497-5324

Scan and Email:
van@awsp.org

For questions or concerns please contact the Leadership office at 360-497-5323.