

East Wilkes Student Council
Western Region Fall Leadership Conference

Union Academy
675 M.L.K. Jr. Blvd.
Monroe, NC 28110
Saturday, October 8, 2016
(Registration Deadline is September 23rd)

East Wilkes High Delegation Information

This is one of the best conferences of the year, where our club learns about new ideas and how other schools accomplish their goals. It is not required, but highly recommended for all members of student council. We have a fun time and meet a lot of new people. Our hope is that every young leader will gain from this event so that they can come back to East Wilkes with new leadership tools.

The Chaperons for this trip are Mr. Gentry and Mrs. Shepherd.

The complete delegate fee is \$35 which includes transportation (private vehicle or activity bus depending on the number attending). You will want to bring extra spending money for breakfast. Your lunch and a t-shirt is included in the registration price. Please wear a red East Wilkes Cardinal shirt.

East Wilkes Travel Itinerary

October 8, 2016

6:00 AM	Leave East Wilkes
7:30 AM	Short bathroom and breakfast stop
8:30 AM	Arrive at Union Academy and complete registration
9:00 AM	Opening session
9:00- 3:30	Planned activities of conference which includes lunch, new idea sessions, fun activities, meeting new people, a theme, a REALLY good pep rally experience, plus games and much more. We learn here by doing fun stuff. See link below for specific activities at the conference.
3:30 PM	Depart for home
4:30 PM	Short bathroom break
6:00 PM	Arrive back at East Wilkes

Specifics about the schedule: http://www.ncasc.us/uploads/1/6/2/7/16272292/wd_fall_conf_tentative_sch.png

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Registration Process

- 1) Read this packet
- 2) Register yourself online (School name East Wilkes High School; Adviser email Gentryt@wilkes.k12.nc.us (no money required to sign up online): <https://ncasc.wufoo.com/forms/m1lr58mp117n7se/>
- 3) Fill out the forms packet- Medical Form and Parental Permission Form – both signed with payment.
- 4) Give forms packet and payment of \$35 (Checks to East Wilkes High School) by Friday, September 23 to Mr. Gentry. There is no option for lateness on this, so do this by the 23rd).

STUDENT DELEGATE MEDICAL FORM

Revised 8-11

North Carolina Association of Student Councils

(Please print or type; Please fill in this form COMPLETELY. All information is important in the event of an emergency.)

School _____

Name: _____ DOB: _____ M F
First Middle Last

Address: _____
Number & Street City State Zip

Home Telephone: (____) _____ Parent's Name: _____

Parent's Daytime Phone: (____) _____ Other Emergency Number: (____) _____

Who is responsible for medical payments? ____Individual ____Insurance Policy # _____

Medical Insurance Company Name: _____

Address: _____
Number & Street City State Zip

Delegate's Physician's Name _____ Telephone: (____) _____

— Brief Medical History *Please print **NONE** if any item is not applicable & use back if necessary* —

Special Health Concerns: _____

Medications: _____ Dosage per day: _____

NOTE: If you are taking medication regularly, please bring a supply in the pharmacy-dispensed container..

Asthma: ____Yes ____No Medication: _____

Diabetes: ____Yes ____No Medication: _____

Epilepsy: ____Yes ____No Medication: _____

Date of Last Tetanus vaccination: _____

Should delegate be restricted from any type of activity? ____Yes ____No

If yes, please explain: _____

Are there any prescription or non-prescription drugs that should **NOT** be administered? ____Yes ____No

Type of prohibited medications: _____

Any other pertinent information which should be known in the event of emergency? _____

I, the parent or legal guardian of the above-named child, authorize the North Carolina Association of Student Councils to obtain medical care for my child in the event such care is 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 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 NCASC and its agents from any damages, liability, or loss resulting from their securing in good faith medical care for my child.

Signed: _____ Date: _____

Parent or Guardian

NCASC 8-11

Parent Permission for Field Trip

Student Name _____ Date of Birth _____
Field Trip Destination MOORE, NC Date of Trip SAT. OCTOBER 8, 2016
Teacher MR. GENTRY Grade _____ School EAST WILKES HIGH
Parent Name _____ Phone # _____
Address _____ Cell # _____
Student's Doctor _____ Dr. Phone # _____
Insurance Co. & Phone # _____ Emergency # _____

Check any/all that apply. My child has:

_____ No health problems
_____ Serious Allergy to: _____
_____ Will send student with an Epi-pen
_____ Please take the Epi-Pen used at school
_____ Asthma
_____ Will send an inhaler with student
_____ Please take the inhaler used at school
_____ The name of inhaler medication: _____ and should be given at the

following times _____ Time _____ Dose _____
_____ Time _____ Dose _____

_____ Diabetes
_____ The Diabetes Care Plan from school should be followed
_____ The Diabetes Care Plan should followed with these added instructions:

_____ Seizures
_____ Type of seizure _____
_____ Will give the teacher appropriate doses of medication in the original prescription container
_____ Please take appropriate medication from school supply

_____ Other
_____ My child will need other medication while on the field trip and I will deliver it to the teacher in its original container with Medication Consent Form completed by parent and physician.

Times to be taken as follows: _____ Medicine Name _____

_____ Time _____ Dose _____

Has Wilkes County Schools "Request to Administer Medication: form, signed by both physician and parent, been completed and given to teacher: _____ YES _____ NO

Does your child have any health issues or needs that may need consideration while on the field trip? If yes, explain

You have my permission to assist/supervise my child taking the medications listed or checked above. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. In the event of an emergency or serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's well-being while on the trip.

Parent Signature _____ Date _____

STUDENT T-shirt SIZE _____
STUDENT Cell # _____