

Emergency Medical & Release Form

Child's Name: _____

Child's date of birth: _____

Mother or Legal Guardian: _____ Contact Number: _____

Father or Legal Guardian: _____ Contact Number: _____

Child's Physician: _____ Contact Number: _____

Doctor's Hospital Affiliation: _____ Address: _____

Child's Dentist: _____ Contact Number: _____

My child has the following medical condition(s):

Convulsive Disorder Diabetes Allergies (i.e. stings, food allergies) _____ Other _____

Please describe symptoms and precautions of any medical conditions and list any allergies that your child may have:

Current Medication: _____

Medical Insurance Company: _____ Name of Policy Holder: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Important:

The following people have my permission to pick up my child from Youth Programs:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

The undersigned, as parent or guardian of the child named above, desires that my child participates in **Youth Programs**. By execution of this Release, I agree that all requirements, directions and standards set by staff, use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of the child. I grant permission that any pictures taken containing my child may be used for future promotional purposes. In the consideration of Shawnee State University's efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or loss of my child's property that may arise out of my child's participation in **Youth Programs**, hereby intending to release and discharge Shawnee State University, its board of Trustees, officers, employees and agents associated or connected with the program from every claim, liability or damage of any kind caused by negligence of Shawnee State University, its board of Trustees, officers, employees or agents involved or otherwise that may result for my child's participation in **Youth Programs**. By my signature I acknowledge that the child named is a minor under the age of 18. Although a minor, my child is aware of the risks involved in participating in the program. I assure Shawnee State University that I have carefully counseled my child on the risk of participating. I authorize Shawnee State University that I have adequate health insurance or personal funds to provide payment for all costs of medical necessary for my child. I agree to indemnify and hold harmless Shawnee State University for any costs associated with such care.

Required Signature: _____ Date: _____

Your Typed Name serves as your digital signature on this form.