

MEDICAL RELEASE

CFK 2009

PLEASE PRINT CLEARLY!

Complete one registration form for each child you are enrolling. You may copy the form as needed.

MAIL TO: College for Kids, Division of Student Affairs
Penn State Erie, The Behrend College
4701 College Drive
Erie, PA 16563

CHILD'S NAME		BIRTHDATE	AGE
CHILD'S SCHOOL			GRADE
PARENT/GUARDIAN NAME		PARENT/GUARDIAN E-MAIL ADDRESS	
STREET ADDRESS	CITY	STATE	ZIP
HOME PHONE #	WORK PHONE # (MOM)	WORK PHONE # (DAD)	

MEDICAL TREATMENT AUTHORIZATION

I hereby authorize the staff of any Erie hospital to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment necessary to my minor daughter/son. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the College for Kids program.

PARENT/GUARDIAN SIGNATURE

X

PHYSICAL CONDITIONS THAT THE CLINICIAN SHOULD BE AWARE OF (ALLERGIES, RECURRING ILLNESS, DISABILITIES, CHRONIC ILLNESS, ETC.):

LIST OF ALL MEDICATIONS:

LEARNING DISABILITIES—PENN STATE ENCOURAGES ACADEMICALLY QUALIFIED STUDENTS WITH LEARNING DISABILITIES TO TAKE ADVANTAGE OF ITS EDUCATIONAL PROGRAMS.

MY CHILD HAS THE FOLLOWING LEARNING DISABILITY:

NOTE: DOCUMENTATION PROVIDING SPECIFIC INFORMATION CONCERNING YOUR CHILD'S DISABILITY AND ITS IMPACT ON LEARNING MUST ACCOMPANY THIS FORM

Penn State program officials will not dispense over-the-counter (OTC) or prescription medications to participants. Participants will be allowed to possess and take OTC and prescription medications on their own if permission is granted in writing by the parent(s)/guardian(s). Both OTC and prescription medications must be in their original containers and listed under medications.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians and staff at the Erie hospitals to perform any necessary emergency treatment.

NAME OF EMERGENCY CONTACT	PHONE
NAME OF FAMILY PHYSICIAN	PHONE

PARENT'S OR GUARDIAN'S NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE	DATE
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X

INSURANCE COMPANY (PLEASE INDICATE IF APPLICABLE HMO PPO)

INSURANCE COMPANY ADDRESS (NO. AND STREET OR BOX NO.)

CITY	STATE	ZIP
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POLICY SUBSCRIBER'S NAME

POLICY NO.	GROUP NO.
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RELEASES

TO BE COMPLETED BY PARENT(S) OR GUARDIAN(S).

I/WE, THE UNDERSIGNED, INDIVIDUALLY AND AS PARENTS(S) AND/OR GUARDIAN(S) OF

STUDENT NAME

A MINOR; ASK THAT HE/SHE BE ADMITTED TO PARTICIPATE IN THE COLLEGE FOR KIDS PROGRAM SPONSORED BY PENN STATE ERIE, THE BEHREND COLLEGE. IN CONSIDERATION OF SUCH ADMISSION, I/WE DO HEREBY AGREE TO RELEASE, DISCHARGE, AND HOLD HARMLESS THE PENNSYLVANIA STATE UNIVERSITY, ITS OFFICERS, AGENTS, AND EMPLOYEES OF AND FROM ALL CAUSES, LIABILITIES, DAMAGES, CLAIMS, OR DEMANDS WHATSOEVER ON ACCOUNT OF ANY INJURY OR ACCIDENT INVOLVING THE SAID MINOR ARISING OUT OF THE MINOR'S ATTENDANCE AT THE COLLEGE FOR KIDS PROGRAM, OR IN THE COURSE OF ACTIVITIES HELD IN CONNECTION WITH THE COLLEGE FOR KIDS PROGRAMS.

MOTHER'S/GUARDIAN'S SIGNATURE	DATE
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X

FATHER'S/GUARDIAN'S SIGNATURE	DATE
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X

ADDITIONALLY, I/WE AUTHORIZE PENN STATE PERSONNEL TO PHOTOGRAPH, VIDEOTAPE, AND/OR AUDIOTAPE MY/OUR CHILD IN PROMOTION OF PENN STATE'S SUMMER YOUTH PROGRAMS.

MOTHER'S/GUARDIAN'S SIGNATURE	DATE
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X

FATHER'S/GUARDIAN'S SIGNATURE	DATE
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X

PARTICIPANT DROP-OFF AND PICK-UP INFORMATION

MY CHILD MAY BE RELEASED TO	PHONE
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IN THE EVENT THAT I CANNOT BE REACHED OR CANNOT PICK THEM UP FROM CAMP.

MOTHER'S/GUARDIAN'S SIGNATURE	DATE
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X

FATHER'S/GUARDIAN'S SIGNATURE	DATE
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X