Spoon River College Canton Summer Youth Program
EMERGENCY MEDICAL INFORMATION

Child's name: _____

Address: _____
Street City State Zip

Sex: Male_____ Female_____ Date of birth: _____

Preferred Hospital: _____

Physician's Name: _____ Physician's Phone: _____

EMERGENCY CONTACTS

Name: _____ Relationship to child:_____

Preferred phone number: _____ Other: _____

Email address: _____

Name: _____ Relationship to child:_____

Preferred phone number: _____ Other: _____

Email address: _____

Does your child have any conditions we need to be aware of? Yes_____ No _____

If yes, please explain: _____

_____

Medications child is taking: _____

Reasons for medications listed above: _____

_____

Is your child allergic to any medications? Yes _____ No _____

If yes, please list: _____

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1. No medications will be given to a child for any reason by Spoon River College staff or volunteers.
2. In case of serious illness or injury, immediate first aid will be given. The emergency contact for the child and emergency medical personnel will be contacted immediately.
3. If less serious illness or injury occurs, the emergency contact for the child will be contacted immediately.

I have read the above information and accurately completed the requested information.

Parent's/ Guardian's Signature: _____ Date:_____

PLEASE PRINT LEGIBLY

Please complete BOTH PAGES of this document.

continue to the opposite side

ASSUMPTION OF RISK AND RELEASE

I, _____, acknowledge that I am the
(parent/guardian)
parent/guardian of _____ who will be participating in the Summer
(child's name)
Youth Program sponsored by Spoon River College, Community College District No. 534, during the 2019

Summer Semester.

I recognize and acknowledge that there are certain risks of physical injury inherent in participating in the activity. With full knowledge of the facts and circumstances surrounding this activity, I voluntarily undertake this activity and I agree to assume all responsibility and risk from his/her participation in this activity, including all risk of any injuries, damages or loss which he/she may sustain as a result of participating, in any manner, in the activity described above.

To the extent permitted by law, I release Spoon River College, and its Trustees, officers, employees and agents, from any liability for personal injuries, property damage, or any other claims whatsoever arising out of his/her participation in the activity. I further agree to fully defend, indemnify, and hold harmless Spoon River College, its Trustees, officers, employees and agents from and against any claim, expense, cost or liability of any nature (including attorney's fees) arising out of or resulting from his/her negligence or conduct while participating in the activity.

I understand the nature of the activity in which he/she will be participating and have read and understand this Assumption of Risk and Release.

MEDIA RELEASE

As a participant in the 2019 Summer Youth Program, I hereby consent for my child to be interviewed, photographed and/or videotaped and to the release, publication, exhibition, or reproduction of these materials to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on the Spoon River College website, fund-raising or any other purpose by Spoon River College and/or its affiliates. I release Spoon River College, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publication of said interviews, photographs, slides, computer images, videotapes, or sound recordings of my child.

INTERNET USE RELEASE

I hereby grant permission to Spoon River College to allow my child to use the Internet for course exploration under adult supervision.

_____ _____

Parent/Guardian Signature Date

Please return this form with your child's registration form and payment by May 31, 2019.

Participants will be not enrolled until all necessary forms and payment are received.