

MEDICAL INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT

I. *Basic Personal Information* (please print)

Today's Date: ____/____/____

Child's Name: _____ Age: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Work Phone Number: _____

Home Phone Number: _____

II. *Emergency Contact Information*

Person to notify in case of emergency:

Name: _____ Relationship: _____

Contact's Phone Number(s): (____) _____, (____) _____

Contact's Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: (____) _____

Insurance Provider: _____ Phone Number: (____) _____

Policy Number: _____

(Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

III. *Medical Information*

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.)

List any medications your child is currently taking, their purpose, dosage, and times taken:

Does your child need any accommodations to safely participate in the program? If yes, please explain.

Does your child require any assistance with his or her medication? If so, please explain:

IV. Authorization for Medical Care

I understand that my child is voluntarily participating in a University of West Georgia program. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in my child's mental, physical, or medical condition before the program begins.

I understand that UWG does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program. In the case of accident or illness, I hereby authorize the program staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the University of West Georgia and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program.

Name of Participant: _____ Date: ____/____/____

Signature of Parent or Guardian: _____

Name of Parent or Guardian: _____

Cell/Personal Phone: _____ Work Phone: _____

PICK UP AUTHORIZATION

I. *Personal Information* (please print)

Today's Date: ____/____/____

Child's Name: _____ Age: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone(s): _____

Work Phone(s): _____

II. *Authorized Pick Up*

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

<u>Authorized Person</u>	<u>Phone Number</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact University Police as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

III. *Authorized Dismissal*

(_____) Initial if your child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. Your child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: _____

Parent or Guardian Name*: _____

**Please note that only the enrolling parent will be permitted to complete this form.*

MEDIA, PHOTO & VIDEO RELEASE

Programs Involving Minors

Please read the following release carefully and initial one:

_____ Yes, I give permission for my child's name, likeness, image, or voice to be used in photographic, video, digital, or other recording forms. I give my permission for the program to use those recordings or works produced by my child (e.g., artwork) for promotional, information, and educational purposes in any and all media, as deemed appropriate by (the University). I understand that the image may be accessible by the general public. I further acknowledge and agree that the University cannot be responsible for any use of the image by any third party accessing the image through the internet or any other manner. I understand that neither my child nor I will receive payment or any other compensation for the taking or use of any recordings or works created as a result of my child's participation in the program. I understand that I have the right not to consent to my child being videotaped, photographed, or recorded during the program, and the right not to consent to the release or use of the image or media and any personally identifiable information about my child contained in the media, and that this consent shall remain in effect until revoked by me in writing and delivered to the University, though any such revocation shall not affect disclosures previously made prior to its receipt

_____ No, I do not grant permission for my child's name, likeness, image, or voice to be used in any form, unless necessary for the administration of the program while my child is participating.

I hereby certify that I am over 18 years of age and that I have read the above carefully before signing, and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

Signature of parent/guardian

Name and age of child (print)

Date