



Track Name: _____

COC Summer Institute 2017 Emergency Contact Information

Last Name: _____ First: _____ Gender: ____ Birth Date: _____

Grade in Sept: _____ Parent/Guardian email address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

PLEASE LIST A PHONE NUMBER WHERE CARE GIVER WILL RESPOND:

Father/Guardian: _____ Primary #: _____ Alternate #: _____

Mother/Guardian: _____ Primary #: _____ Alternate #: _____

In the event of accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree that the District and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

1) EMERGENCY CONTACT (Other Than Parents) - I AUTHORIZE THESE ADDITIONAL PERSONS TO PICK UP MY CHILD:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

2) MEDICAL INFORMATION:

Does student take medications? (Circle) Yes No Note: Any medication dispensed to your child must be brought to camp in its original prescription container and include written directions from child's physician.

Name of medication: _____ Amount: _____ Frequency: _____

I give consent for my child to self-administer his/her own medications as listed above while my child participates in the Santa Clarita Community College District Community Education Summer Institute Program.

Please list any allergies (medication, food, other) and/or medical conditions we should be aware of:

3) PHOTOGRAPH RELEASE: I irrevocably consent to and authorize the use and reproduction by District Community Education (CE), or anyone authorized by CE, of any and all photographs and video which you have taken of my son or daughter during the time they are registered for the COC Summer Institute. CE may use the photographs, film, video, negatives, or proofs for marketing the COC Summer Institute in printed publications including the COC Summer Institute website. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video. All negatives and positives, together with the prints shall constitute the property of CE, solely and completely. Mark One:

Yes I agree ____ No I do not agree ____

Parent/Guardian/Signature: _____

Date: _____