

## COC Summer Institute 2019 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: \_\_\_\_\_