

WSU's Summer Keyboard Explorations 2015

Emergency Information and Release Form

As parent/guardian, I hereby authorize the directors and staff of the Summer Keyboard Explorations to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Summer Keyboard Explorations and Washington State University. I know of no medical or physical problems that might affect my child's ability to participate in this program. I will be responsible for any medical or other charges in connection with his/her attendance at Summer Keyboard Explorations. I have read the rules and regulations of Summer Keyboard Explorations and my child and I agree to abide by them. I understand that failure to abide by the rules and regulations may result in the student being dismissed from the program.

Student's Name _____ Birth Date _____

Parent/Guardian's Name _____ Work/Cell Phone _____ - _____ - _____

Evening Phone _____ - _____ - _____ Other Phone (please specify: _____) _____ - _____ - _____

Parent/Guardian's Address _____

Special Medical Conditions (attach additional page if necessary): _____

Allergies to drugs: ___ Yes ___ No If yes, please list: _____

Allergies to foods: ___ Yes ___ No If yes, please list: _____

Any other allergies (bee stings, etc.)
that require medical attention: ___ Yes ___ No If yes, please list: _____

Special dietary restrictions: _____

Other pertinent information (including medications the student is currently taking): _____

Insurance Company Name: _____

Insurance Company Address: _____

Policy Number _____ Group Number _____ Subscriber's Name _____

Family Physician _____ Phone number _____ - _____ - _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____