



# Hiram College Emergency Medical Form

A completed Emergency Medical Form is required for **each** participant. **Please print in ink or type only. Fill in all sections.** This form may be copied for additional registrations. Please return this form to the coordinator of your Summer Camp program who will also be a source of information if you have questions.

Correspondence regarding enrollment will be sent via e-mail.  
Please provide a current e-mail address for this purpose.

Current email address: \_\_\_\_\_

I do not have e-mail (please send confirmations to the address provided below).

**2009 Summer Program at Hiram College you are planning to attend (please list):**

\_\_\_\_\_

## STUDENT INFORMATION (To be completed by participant)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

School Name: \_\_\_\_\_

Year of Anticipated Graduation from High School (circle one): 2009 2010 2011 2012 2013 other\_\_

## PARENT/LEGAL GUARDIAN INFORMATION (To be completed by parent or guardian)

Name: \_\_\_\_\_

Parent or Legal Guardian's Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Emergency Contact Person (in case parent or legal guardian cannot be reached)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

**Permission to pick up your Child**

List two (2) other people who have permission to pick up your child. Only those people on this list will be permitted to pick up your child and they must show a driver's license.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Release for participation in camp programs (To be completed by parent or guardian)**

I, the undersigned, individually and as a parent and/or guardian of \_\_\_\_\_, a minor, ask that he/she be admitted to participate in the Hiram College Summer Program. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Hiram College, its officers, agents and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at Hiram College. Non-conformance to Hiram College policies and procedures as told to my child by the camp directors may result in early dismissal.

\_\_\_\_\_  
Parent or legal guardian's signature

\_\_\_\_\_  
date

**Emergency Medical Information**

In the event of an emergency, we need to have certain information easily accessible. This section must be completed in order to participate.

Physical conditions to be aware of (allergies, recurring illness, disabilities, chronic illness, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all medications currently being taken: \_\_\_\_\_

\_\_\_\_\_

Hiram College instructors and supervisors will not dispense over-the-counter or prescription medications to participants. Participants will be allowed to possess and take over-the-counter and prescription medications on their own if permission is granted in writing by the parent(s) or guardian(s). Both over-the-counter and prescription medications must be in their original containers and listed above. My child understands that any medications are his/her own and are not to be shared with any other persons.

\_\_\_\_\_  
Parent/legal guardian's initials

\_\_\_\_\_  
date

Insurance Company \_\_\_\_\_

Policy Subscriber's Name \_\_\_\_\_

policy number \_\_\_\_\_ group number \_\_\_\_\_

\_\_\_\_\_  
Name of Family Physician phone

\_\_\_\_\_  
Name of Medical Specialist phone

\_\_\_\_\_  
Name of Dentist phone

\_\_\_\_\_  
Preferred Hospital

**Emergency Medical Authorization (Part I or Part II Must Be Completed)**

**Part I (To Grant Consent)**

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-mentioned doctor/medical specialist/dentist or, in the event the designated practitioner is not available, by any other licensed physician or dentist; and (2) the transfer of the child to the preferred hospital or, any hospital reasonably accessible.

I understand that the consent and authorization herein granted do not include major surgical procedures unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery and are valid only during the youth program.

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

\_\_\_\_\_  
parent's or legal guardian's signature date

**Part II (Refusal to Consent)**

**DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

I do not give consent for emergency medical treatment of my child. In the event of illness or injury, I do not give the attending physician permission to administer treatment until the parent, guardian or designated individual is contacted.

\_\_\_\_\_  
parent or legal guardian's signature date