



School of Continuing Education
YOUTH STUDENT
EMERGENCY INFORMATION FORM

(NOTE: Only parents or legal guardians completing this Form are authorized to drop-off or pick-up your child unless an alternate is indicated below and presents proper I.D.\*)

PLEASE PRINT LEGIBLY

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Address \_\_\_\_\_

Father or Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # while Student is in class \_\_\_\_\_

Address if different from student \_\_\_\_\_

Mother or Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # while Student is in class \_\_\_\_\_

Address if different from student \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Hospital Affiliation \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Information: None \_\_\_\_\_ Convulsive Disorders \_\_\_\_\_ Diabetes \_\_\_\_\_ Allergies (i.e. stings, diet) \_\_\_\_\_

Other \_\_\_\_\_ Please describe symptoms and precautions \_\_\_\_\_

Any other medical information we should know \_\_\_\_\_

While we strive to provide a safe environment, we cannot control what you child will come in contact with because of our open environment.

I agree to indemnify and hold harmless Wayne County Community College District, its officers, agents, and employees for any loss or injury that my child \_\_\_\_\_ may sustain while participating in the Kids' Camps. In case of an emergency, I ask Wayne County Community College District to contact an adult listed above. If the College is unable to reach one of us, I authorize the College to secure emergency medical treatment for my child.

Required Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my consent for my child to be photographed or videotaped for promotional purposes. I do not expect compensation when Wayne County Community College District takes promotional photos and videos of students in the learning environment.

Required Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Alternate Adult authorized by parent/legal guardian to drop-off/pick-up child – MUST PRESENT PICTURE I.D.):

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_