

Ivy Tech Community College of Indiana
HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM
FOR PROGRAMS INVOLVING MINORS

Participant Information

Program Attending: _____ Program Date(s): _____
Participant Name: _____ Date of Birth: _____
Gender: _____ Age: _____

Medical History

Allergies, including medication and foods: _____

Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____

Medicines your child is now taking and dosage: _____

Physical restrictions: _____

Family Doctor: _____ Phone: _____

Parent/Legal Guardian Information

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Additional Emergency Contacts

Please list people who may be contacted in an emergency. We will attempt to contact one of these people (in the order listed) if we are unable to contact a legal guardian.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Authorized Pick-up

Please list the people (other than legal guardians) who are allowed to pick up your child. Anyone not on this list will not be permitted to pick up your child. Photo ID is required.

Name: _____ Name: _____

Name: _____ Name: _____

Release of Information: By my signature below, I authorize Ivy Tech Community College ("Ivy Tech") to release medical information regarding the above-named minor/student to any person or entity to whom Ivy Tech refers the minor/student for medical treatment.

Permission for Treatment and Release: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment for minors/students who become ill or injured while participating in an Ivy Tech-sponsored Program. Should an emergency arise while my child is under the supervision of the staff of Ivy Tech, I do hereby authorize the staff to obtain and/or provide emergency medical attention for my child. I acknowledge and understand that Ivy Tech does not provide medical insurance to cover medical care for my child and that in the event of an injury requiring medical care, my personal health insurance will be responsible for payment of all medical care. I do hereby give consent to the administration of an emergency prescription medication (i.e. Epipen) prescribed to the above named minor/student where I have provided written instruction. I do hereby release and forever discharge Ivy Tech and its employees, volunteers, agents, officers, trustees, affiliates and representatives from any and all liability of any kind for any claim, demand, action, cause of action, expense, judgment or cost, including without limitation attorney's fees, which arise out of or relate in any manner to the exercise of authority or judgment pursuant hereto, or to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my child at any time or any travel incident thereto.

Assumption of Risk: I acknowledge, understand and appreciate that as part of my child's participation in Ivy Tech programs or activities there are dangers, hazards and inherent risks to which my child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the programs or activities may involve risks and dangers, both known and unknown, and have elected to allow my child to take part in the programs or activities. Therefore I, on behalf of my child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of participating and traveling to or from the programs or activities.

Release and Waiver of Liability: In consideration of participation in Ivy Tech programs or activities, I do hereby agree for myself and my heirs, assigns, personal representatives, executors and administrators, to waive, release, and forever discharge Ivy Tech and its respective directors, officers, employees, representatives and members (the "Releasees") from liability for any loss or damage and from any rights, claims or demands therefore which I have or which may hereafter accrue to me arising out of injury to my child or loss of my property incurred in connection with my child's participation in Ivy Tech programs or activities, whether such damages are caused by the negligence of the Releasees or otherwise.

Audio-Visual Waiver: I understand that my child may be photographed or videotaped during his/her participation in this activity and consent to the reproduction of such photos or videos for advertising and publicity purposes.

I HAVE READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I SIGN IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Legal Guardian: _____ **Date:** _____
Printed Name: _____

Signature of Legal Guardian: _____ **Date:** _____
Printed Name: _____