NEW ENGLAND **SUMMER YEARBOOK WORKSHOP**

Monday - Tuesday, June 25-26, 2018 • Bryant University

One Medical Release Form is required for **each** adviser and student participant.

Students must also have page 2 completed, signed and returned in order to participate.

Please make checks payable to: **Jostens Summer Workshop**

NO WORKSHOP REFUNDS AFTER June 16, 2017

School: _____

Participant Information:

☐ I need ADA accessibility.

☐ I will arrive on Sunday night.

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Participant Email Address: _____

I do ____ I do not ____ give my permission for photos to be taken of me at this workshop to be used on next year's promotional materials (brochure, website and social media).

Liability Release

Emergency Contact Information: Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

If emergency treatment is required, my health insurance plan number and carrier are:

Insurance Company: _____ Policy No.: _____

List any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, medications etc.: _____

____ I am on a special diet *(vegan, kosher, allergies etc)*. Please explain: _____

Please list the date of last tetanus shot: _____

Please include any additional information which you feel may be pertinent to the student's safety while he or she attends the workshop on a separate piece of paper and attach it to this medical release.

In consideration of the educational opportunity provided to the above-named student or adult, I/we the parent(s), legal guardian(s) or spouse, or myself, do hereby hold harmless, release and forever discharge Jostens, Inc., all Jostens representatives and the Bryant Univeristy at which the workshop will be held, and their officers, agents and employees from any and all claims, demands, liability, actions, causes of action, attorney fees and expenses on account of damages to personal property or personal injury, which may result from causes beyond the control of and/or without the fault or negligence of Jostens, Inc., Jostens sales representatives and employees, and Bryant Univeristy and their officers, agents and employees, during the workshop.

_____ **My student will be arriving early on Sunday June 25th. I know that the workshop has not offically begun therefore there will be no adult supervision or meals provided.**

Participant Signature:_____ Date: _____
(parent/guardian if participant is under age of 18)

Printed Name_____

Student Participants only must have **page 2** completed and signed to attend the workshop.

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This page is for student participants under the age of 18 only.

Health History:

Student Name: _____ D.O.B ____ /____ / _____

Heart troubles (explain): _____

Seizures/Convulsions (explain): _____

Diabetes (Detail of treatment & control): _____

Asthma or Bronchitis: ____ *Circle one:* Uses inhaler daily / as needed Inhaler sent with student: ____

Allergies: Bee Sting: ____ Penicillin: ____ Food: ____ Environmental: ____ EpiPen sent with: ____

Type of Reaction and Severity: _____

Other (explain): _____

Are there any conditions/illnesses for which this student is currently receiving treatment or medicaiton?

No: ____ Yes: ____ Explain: _____

Please describe and list any current medications: _____

Does the student have the medication in his/her possession? Yes: ____ No: ____

Please see below for a list of over the counter medications.

Permission for Dispensing of Over-the-Counter Medications

Please initial below:

____ Ibuprofen (Advil, Motrin)

____ I am sending my child with other OTC Meds I would like the staff nurse to dispense.

OTC Medication: _____

**medication will need to be give to nurse at the time of workshop registration on Monday June 26th.*

____ **I do not want my child to receive ANY over the counter medications during the workshop.**

IN CASE OF EMERGENCY, I HEREBY AUTHORIZE ANY LICENSED PHYSICIAN, HOSPITAL, CLINC OR OTHER MEDICAL FACILITY TO HOSPITALIZE AND SECURE PROPER TREATMENT FOR MY CHILD NAMED ABOVE.

No student will be allowed to participate without this form properly completed and returned.

Partent/Guardian Signature:_____ Date: _____

Printed Name_____