

MSU Summer Math Camp Emergency Contact and Release Forms

1. CHILD INFORMATION

Last Name: _____ First Name: _____ D.O.B (MM/DD/YY): _____

Sex: M F Grade in September of the current calendar year: _____

School(s) Attended: _____

2. PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____

Relationship to Child: _____

Home Phone: _____ Cell: _____ Work: _____ Email: _____

3. EMERGENCY CONTACT INFORMATION-In case parent above cannot be reached

Last Name: _____ First Name: _____

Relationship to Child: _____

Home Phone: _____ Cell: _____ Work: _____ Email: _____

4. HEALTH INSURANCE INFORMATION

Policyholder's name and relationship to participant: _____

Policyholder's address: _____

Please submit a copy of both sides of your insurance card or complete the information below.

Insurance company name and address: _____

Insurance company phone number: (_____) _____

All policy numbers (please identify): _____

If you have HMO insurance, please list the emergency treatment authorization phone number:
(_____) _____

Employer's name and address: _____

Business phone: (_____) _____

PRIMARY CARE PHYSICIAN INFORMATION:

Primary care physician's name: _____

Physician's phone: (_____) _____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, please explain.

YES NO

Does the participant have any chronic health problem or illness?

Does he or she have any acute illness now?

Has the person been treated recently for some medical problem?

List any medications he or she is now taking for treatment of any medical problem.

Does the participant have any allergies to medication or local anesthetics?

Does he or she have any allergies?

Special needs, allergies, other important health information (ADA, dietary information, medication etc.): _____

Additional information: _____

5. MEDIA RELEASE

Participants are sometimes photographed and videotaped for use in MSU promotional and educational materials. I authorize Michigan State University to record the image and voice of the subject named and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Signature of Parent/Guardian Date

If you do not wish to sign the media release, please indicate this with an ' X ' here: _____

6. PARENT/GUARDIAN CONSENT

Required for youth under age 18 to participate.

I hereby grant permission for my child to participate in all educational and social activities of the programs of MSU's Summer Math Camps. I understand that some program sessions take field trips on campus and I accept any risks associated with this program. I understand that my child has a role to play as regards his or her safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

Signature of Parent/Guardian Date

MEDICAL TREATMENT AUTHORIZATION FOR MICHIGAN STATE UNIVERSITY

Your child will be involved in a Michigan State University program. This form must be completed and signed by a parent or guardian to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Full Name of Child

Date of Birth

OFFICIAL AUTHORIZATION FOLLOWS

I (parent or legal guardian), _____, recognize that while attending this program
Print Parent/Guardian Name

medical treatment on an emergency basis may be necessary for my child, and I further recognize that the program director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of Parent/Guardian Date