

## Emergency Information and Release Form

As parent/guardian, I hereby authorize the directors and staff of the Summer Keyboard Explorations to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Summer Keyboard explorations and Washington State University. I know of no medical or physical problems which might affect my child's ability to participate in this program. I will be responsible for any medical or other charges in connection with his/her attendance at Summer Keyboard Explorations. I have read the rules and regulations of Summer Keyboard Explorations and my child and I agree to abide by them. I understand that failure to abide by the rules and regulations may result in the student being dismissed from the program.

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Special Medical Conditions (attach additional page if necessary)

\_\_\_\_\_

Allergies to drugs:  Yes  No If yes, please list: \_\_\_\_\_

Allergies to foods:  Yes  No If yes, please list: \_\_\_\_\_

Allergies to bee stings that require medication  Yes  No

Special dietary restrictions \_\_\_\_\_

Other pertinent information (including medications the student is currently taking)

\_\_\_\_\_

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

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

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_ Subscriber's Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Summer Keyboard Explorations

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_