

# Medical History and Consent Form - page 1

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_

Father's (or Guardian) Name: \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Mother's (or Guardian) Name: \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## If Parent/Guardian not available in an emergency, please notify:

Emergency Contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime phone number \_\_\_\_\_

## Health History

Operations or Serious Injuries (include dates) \_\_\_\_\_

Chronic or Recurring Illnesses \_\_\_\_\_

Allergies \_\_\_\_\_

Allergies to Medications or Insect Stings \_\_\_\_\_

Medications (name and dosage) \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

## Consent of Parent/Guardian for Emergency Treatment

I, \_\_\_\_\_ pursuant to the authority vested to me  
*(parent/guardian)*  
as parent/guardian of \_\_\_\_\_ do hereby authorize the staff of  
*(student's name)*  
Hudson Valley Community College, to exercise for me and on my behalf all my rights and duties with reference to medicines and hospitalization, including care and treatment by any means deemed necessary for the emergency of my son/daughter. I verify that to the best of my knowledge my child is physically able to participate in the activities of the program.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(parent/guardian signature)*

# Medical History and Consent Form - page 2

Student's Name \_\_\_\_\_

## **Computer Utilization**

Some programs require computer use. If applicable, my child has permission to use computer and access the Internet in a supervised environment. (Please read the college's computer use policy online at [www.hvcc.edu/catalog/policies/computeruse](http://www.hvcc.edu/catalog/policies/computeruse)).

Yes       No

## **Media Release**

My child has permission to be photographed, interviewed or videotaped while attending Kids on Campus programs for possible use in college publications, advertisements and promotions.

Yes       No

## **Dismissal/Late Pick Up**

Parents or parent designees (must be listed on pick up form) must sign their child out each day unless other arrangements have been made. Students must be picked up promptly after their classes. Please be sure you know the end time of the program your child is registered in. THERE WILL BE A \$10 LATE FEE CHARGED FOR EVERY 15 MINUTES OF LATENESS.

I understand and consent to these dismissal/pickup policies

## **Pick up Permission**

The following individuals have my permission to pick up my child from camp (this is in addition to parents/legal guardians).

Person (first and last name)	Relation	Phone #
_____		
_____		
_____		
_____		

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

