



# Health Authorization and Release Form

Please fill out **all** information completely and return this form to us:

- In Person: Bring it to the first day of class. or
- Via e-mail: [conted@bellevuecollege.edu](mailto:conted@bellevuecollege.edu) or
- Postal mail – 14673 NE 29<sup>th</sup> Pl, Bellevue, WA 98007 or

**Participants without a completed form will not be able to participate in the program.**

Participant's Name (first and last): \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Gender: \_\_\_\_\_ Grade entering: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

## Authorized Adult Guardians and Emergency Contact(s) – to provide transportation (if other than parent/guardian).

Name (first and last): \_\_\_\_\_

Home Phone#: (     ) \_\_\_\_\_ Work Phone#: (     ) \_\_\_\_\_

Alt. Phone#: (     ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name (first and last): \_\_\_\_\_

Home Phone#: (     ) \_\_\_\_\_ Work Phone#: (     ) \_\_\_\_\_

Alt. Phone#: (     ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name (first and last): \_\_\_\_\_

Home Phone#: (     ) \_\_\_\_\_ Work Phone#: (     ) \_\_\_\_\_

Alt. Phone#: (     ) \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Information

**If your child has any significant medical conditions that our summer staff should know about, please list and describe them on a separate attachment (or write on the back of this page). If you answer "yes" to any of the allergy questions, please provide additional information.**

1. Current medication being taken and frequency: \_\_\_\_\_

2. Will it need to be taken during the summer program?  Yes  No

3. Does your child have any allergies?  Yes  No

**If "yes" to # 3, please list them below:**

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Insects: \_\_\_\_\_

Other: \_\_\_\_\_

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4. Does your child carry an EpiPen?  Yes  No

Participant's Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

### Medical Authorization

**By checking this box**, I understand that Bellevue College, its staff, and all persons related directly or indirectly with this program assume no financial obligation or liability for my child, including expenses for medical treatment. In the case of accident or illness, I grant my authorization to secure medical treatment for my child. I hereby consent to the administering of any and all medical procedures deemed necessary by the attending authorities.

### How will the participant be getting to the program?

Driving themselves  Dropped off/ picked up  Walking  Bus  Bicycle

### Photo Release

**By checking this box**, I grant permission for of my child's image to be published by Bellevue College in media/marketing related uses. I understand that reasonable attempts will be made to notify the participant/parent prior to use of full names, and I additionally consent to the use of the participant's name with these media releases.

### Parental Permission/Responsibility

I approve of my child's enrollment in the Bellevue College Summer Programs for Teens. I will take responsibility for seeing that my child complies with appropriate college student behavior guidelines. Inappropriate behavior or discipline problems will result in dismissal from this program and there will be no refund. I believe all of the information above to be true and to the best of my knowledge.

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

Date \_\_\_\_\_