



Health Authorization and Release Form

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

- Via e-mail: ols@bellevuecollege.edu or
- Postal mail – Attn: OLS 14673 NE 29th Pl, Bellevue, WA 98007

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: _____

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 Youth with Disabilities. 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 _____