
Southern Ohio Youth Regents STEM & Foreign Language Academy

PERSONAL MEDICAL INFORMATION AND RELEASE FORM

Student's Name _____ SS# _____ Gender ___ DOB _____

Parent's Names _____

Home address _____

Street

City

State

Zip

Home Phone _____ Alternate Phone _____

Student Cell Phone _____

Mother's Work/Day Phone _____ Father's Work/Day Phone _____

Place of Work _____ Place of Work _____

Insurance Provider _____ Name on Policy _____

Member Number _____ Account/Plan # _____

Please list any **special instructions, conditions, allergies, and/or other related medical information** (including food/meal restrictions) that we should know about _____

The following are **over-the-counter medications** and first-aid supplies that we will keep under the care of the Program Directors. Please indicate any of following that you give permission for or recommend we have to provide your child, upon request:

 Tylenol/Acetaminophen Advil/Ibuprofen Motrin Midol Pepto-Bismol Tums Benadryl/antihistamine Hydrocortisone cream Other _____ Other _____**PLEASE COMPLETE OTHER SIDE****Return by May 24, 2010** to: Judy Meeker, Shawnee State University, 940 2nd St., Portsmouth, OH 45662 or FAX to: 740.351.3598

Please **list any and all medications** (and related information) that your child might be bringing with them and taking while they are at the STEM and Foreign Language Academy. Unless we are specifically requested, we will not be checking with the students nor dispensing personal medications. However, we would like to know, in the event of an emergency, what medications a student has taken or should/could take and the related dosages and side effects:

Medication	Dosage	Reason for taking	Side effects (major)

Please **indicate specifically** if you would like program staff to store and administer the medications or if your child will assume this responsibility while at any of the on campus sites (Shawnee State University, The University of Rio Grande, or Ohio University).

- | | |
|---|--|
| <input type="checkbox"/> Please have program staff administer the Medication to my child according to the information listed above. | <input type="checkbox"/> My child will administer his/her own medication. He/she will keep the medication(s) In his/her possession at all times. |
|---|--|

Depending on the availability of facilities, we may provide the students with an opportunity to swim. Please indicate whether or not you will allow your child to participate in swimming. We will have a certified lifeguard on duty.

- No, please do not allow my child to swim, even under lifeguard supervision
- Yes, you may allow my student to swim under lifeguard supervision.

PLEASE REVIEW THE FOLLOWING STATEMENTS AND SIGN AT THE BOTTOM:

✓ **MEDICAL RELEASE**

In the event that my child should require emergency treatment, and reasonable attempts to contact me and/or preferred medical specialists have been unsuccessful, I give consent for the administering of emergency medical treatment deemed necessary by the licensed physicians or dentists at the nearest hospital emergency or urgent care facility.

✓ **LIABILITY RELEASE**

Upon applying for entry into the STEM and Foreign Language Academy, I hereby, for myself or my other representatives, waive and forever release any and all rights and claims to Shawnee State University for injuries, damages, losses, and/or expenses which I may suffer as a result of attending, participating in, practicing for, or traveling to or from the STEM and Foreign Language Academy

✓ **PHOTOGRAPHY RELEASE**

I give my permission to use photographs that are taken for the purpose of documenting activities or marketing the program in the future. If not, please indicate why _____

Parent/Guardian's Signature _____ **Date** _____