



Personal Medical Information and Release Form

List **any special instructions**, medical conditions, allergies, and/or other related medical information (including food/meal restrictions, forms of vegetarianism, etc.) that we need to prepare for:

If you have specific **food restrictions**, what types of foods *do you like and are allowed to eat*? We will do our best to honor your requests:

Depending on the weather and 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. A certified lifeguard will be on duty. We will also have other fun options for students to choose from during the same time.

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

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 Summer Institute for the Gifted and Talented, 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 Summer Institute.

✓ **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 _____