SECTION III
2015 Summer Camps and Workshops Emergency Health Form

STUDENT NAME: ___________________________ EMERGENCY PHONE NUMBERS: ________________

Please return this form no later than the first day of the program via fax, email, or in person.

PROGRAM NAME: ___________________________ DATES: __________________

1. INSURANCE INFORMATION

   Company/ HMO ___________________________
   Group Number ___________________________
   Identification ___________________________
   Last Tetanus Shot ________________________

2. PARENT/GUARDIAN AUTHORIZATION FOR EMERGENCY TREATMENT

   I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the
   information above is correct. I (we) authorize William Paterson University Center for Continuing and Professional
   Education to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or
   surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under
   the general or special supervision of a licensed physician or surgeon.

   The following steps will be followed in an emergency:
   1. The parent/guardian will be contacted immediately.
   2. The child’s physician will be contacted.
   3. There will be an attempt to contact you through the emergency person listed on the child’s application
      form.
   4. If we cannot contact you or your child’s physician, we will do any or all of the following :
      a) Call for an emergency paramedic assistance/transportation
      b) Call another physician
      c) Have the child transported to an emergency hospital by a campus police officer from William Paterson University.
   5. The university will not be responsible for complications that may occur as a result of false information
      given at the time of enrollment.

   STUDENT’S PHYSICIAN NAME________________________ PHONE #________________________

   PARENT/GUARDIAN NAME (PLEASE PRINT) ________________________________

   PARENT/GUARDIAN SIGNATURE: ________________________________

   DATE OF SIGNATURE: _______________ DATE PERMISSION TERMINATED: _______________

   OFFICE USE ONLY:

   DATE RECEIVED: _______________ BY: ____________________________

   COMMENTS: _____________________________________________________________________
As the parent/guardian of the child, _______________, I do irrevocably assign and grant unto the Center for Continuing and Professional Education (William Paterson University), the immutable and unconditional right and permission to use my child’s first name, likeness, voice and/or image for the purpose of producing audio/video/photograph/film and/or printed material including the right and permission to copyright, use, produce, and/or publish said audio/video/photograph/film and/or printed material at the sole discretion of the Center for Continuing and Professional Education (William Paterson University). I further waive any and all rights to inspect and/or approve any audio/video/photograph/film and/or printed material that may be published/distributed and/or otherwise utilized as deemed appropriate by the Center for Continuing and Professional Education (William Paterson University).

PLEASE CHECK ONE:

____Yes, I do irrevocably give my full consent and authorization as stated above on behalf of said minor.
____No, I do not give my consent on behalf of said minor.

I hereby give consent for my child to participate in the Center for Continuing and Professional Education (William Paterson University) Summer Camp/Workshop Program. I assume all risk in regard to participation in this and any other Center for Continuing and Professional Education (William Paterson University) Summer Camp/Workshop Program in which my child may participate. I release, indemnify and agree to hold harmless the Center for Continuing and Professional Education (William Paterson University), its directors, officers, coaches, and volunteers from any liability that may result from participation in Center for Continuing and Professional Education (William Paterson University) Summer Camp/Workshop Program activities.

I give permission for my child ___________________________________ to be transported by the Center for Continuing and Professional Education (William Paterson University) staff or by the Transportation Company hired by the Center for Continuing and Professional Education (William Paterson University) to and/or from the Center for Continuing and Professional Education (William Paterson University) and other program destinations.

By my signature, I attest to the following:

• That the above information is correct.
• That in the event of a medical emergency, I authorize Center for Continuing and Professional Education (William Paterson University) to seek emergency medical care for my child as deemed necessary by the program nurse.
• I have received a copy of the Rules and Regulations document.

__________________________________________
(Signature of Parent or Guardian)

________________________
(Date)