

# WILLIAM PATERSON UNIVERSITY

## SCHOOL OF CONTINUING AND PROFESSIONAL EDUCATION

1600 VALLEY ROAD • WAYNE, NEW JERSEY 07470

### Pre-College Youth Programs Workshops and Summer Camps Emergency Health Form

Please return this form no later than the first day of the program via fax (973)-720-2298, email (Youthprograms@wpunj.edu), or in person.

**PROGRAM NAME:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**STUDENT INFORMATION:**      **Last Name:** \_\_\_\_\_      **First Name:** \_\_\_\_\_

#### **EMERGENCY PHONE NUMBERS**

Phone Number: _____	Relationship: _____
Phone Number: _____	Relationship: _____

#### 1. **INSURANCE INFORMATION**

Company/ HMO \_\_\_\_\_

Group Number \_\_\_\_\_

Identification \_\_\_\_\_

#### 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 the School of 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: \_\_\_\_\_ Comment: \_\_\_\_\_

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### GENERAL RELEASE FORM:

As the parent/guardian of the child, \_\_\_\_\_, I do irrevocably assign and grant onto the School of 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 School of 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 School of 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 School of Continuing and Professional Education (William Paterson University) Summer Camp/Workshop Program. I assume all risk in regard to participation in this and any other School of 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 School of Continuing and Professional Education (William Paterson University), its directors, officers, coaches, and volunteers from any liability that may result from participation in the School of Continuing and Professional Education (William Paterson University) Summer Camp/Workshop Program activities.

I give permission for my child \_\_\_\_\_ to be transported by the School of Continuing and Professional Education (William Paterson University) staff or by the Transportation Company hired by the School of Continuing and Professional Education (William Paterson University) to and/or from the School of 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 the School of 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)