

# Medical Consent / Release Form

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any chronic illnesses or conditions your child has (allergies, asthma, diabetes, disabilities, etc.). **Please be specific.**

\_\_\_\_\_  
\_\_\_\_\_

Date of most recent tetanus booster shot: \_\_\_\_\_

I, the undersigned, parent or guardian of \_\_\_\_\_, grant permission for my child to participate in the Kids at King's Summer Program 2009. By signing this form, I do hereby release, discharge, and hold harmless King's College from any claims, injuries, damages, or liabilities while my child is a participant in any workshop, class, trip, or event held in conjunction with this program. I also grant my permission to administer emergency first aid if necessary.

Signature of parent or guardian \_\_\_\_\_

Please provide the name of an emergency contact in case you are not available.

Name & Relationship (relative, neighbor, etc.): \_\_\_\_\_

Phone: \_\_\_\_\_

*This medical information, complete with the signature of the parent(s) or guardian is required on this form in order for the student to participate.*

## Early Drop-Off/Late Pick-Up Consent

I understand that the early drop-off/late pick-up option begins at 8:30 a.m. and end promptly at 4:30 p.m. I understand that King's College is not responsible for my child before 8:30 a.m. and/or after 4:30 p.m.

Signature of parent or guardian \_\_\_\_\_

## Consent to Photograph

In the course of our summer programs, we will from time to time take photos of the students for use in future publications. In addition, we sometimes get media coverage, newspaper and/or television, of our programs, with requests to photograph or film the students participating in one or more activities. If you wish to grant permission for one or both of these activities, please check below the permission you are granting, and sign the waiver at the bottom.

\_\_\_\_\_ I hereby authorize King's College, Wilkes Barre, Pennsylvania, to photograph/film/videotape and sound record my child in the context of activities associated with the Kids at King's Program. I hereby assign all rights to the photographs/films/videotapes and sounds recordings made of my child, and I authorize the reproduction, copyright, broadcast, and/or distribution of said material for use in King's College publications.

\_\_\_\_\_ I hereby authorize King's College, Wilkes Barre, Pennsylvania to allow the photographing/filming/videotaping and sound recording of my child by local media in the context of activities associated with the Kids at King's Program. I hereby assign all rights to the photographs/films/videotapes and sounds recordings made of my child, and I authorize the reproduction, copyright, broadcast, and/or distribution of said material for use by local media in the promotion of these programs.

Signature of parent or guardian \_\_\_\_\_