

Kendall College of Art and Design of Ferris State University (KCAD)

Camp or Class Participant Health Form

THIS FORM MUST BE COMPLETED AND SIGNED BY BOTH LEGAL PARENTS/GUARDIANS AND RETURNED BEFORE PARTICIPATION WILL BE ALLOWED. KENDALL COLLEGE OF ART AND DESIGN OF FERRIS STATE UNIVERSITY ("KCAD") RESERVES THE RIGHT TO DETERMINE THE EXTENT OF PARTICIPATION OF EACH PARTICIPANT ("YOUTH") IN ALL ACTIVITIES CONDUCTED BY KCAD. THE INFORMATION WILL ALSO BE USED IN THE EVENT OF ANY YOUTH INJURIES/ILLNESS.

YOUTH INFORMATION

PLEASE PRINT

Youth Name:

Youth Date of Birth:

Youth Address:

Home Phone #:

Legal Parent/Guardian:

Legal Parent/Guardian Work Phone #:

Legal Parent/Guardian:

Legal Parent/Guardian Mobile Phone #:

EMERGENCY CONTACT INFORMATION (other than parents; available 24 hours)

Name:

Relationship:

Phone:

Address:

Additional Phone:

INSURANCE INFORMATION (Please attach a copy of front and back of each insurance card.)

Policy Holder's Name:

Relationship to Youth:

Primary Insurance Company:

Policy #:

Insurance Company Phone #:

Group #:

Pre-approval required? (Circle one) YES NO

Pre-approval Phone #:

Primary Care Physician:

Primary Care Physician Phone #:

HEALTH HISTORY (to be completed by legal parent/guardian)

History

Allergies

Tetanus Date:

Date of Last Physical:

- Asthma
- Bleeding ulcers
- Convulsions/Seizures
- Diabetes
- Loss of organ
- Other

- Bee stings
- Hay fever
- Food: _____
- Medications: _____
- Other: _____

- Other medical conditions: _____
- _____
- _____

Current medications the Youth is taking (medications that are required by Youth should accompany them at class/camp):

Has the Youth been exposed to any communicable disease or injured in the past three weeks? (Circle one): YES NO
If yes, please explain:

Is the Youth being treated by a physician for any injury or illness (Circle One) YES NO
If yes, please explain:

Does the Youth have, or had, the following condition(s):

- Fracture in past 6 months
- Seizure disorder
- Spinal or head injury
- Surgery in past year
- Diabetes
- Hemophilia
- Hospitalization in past 6 months
- Loss of organ
- Heart condition

List any other health or personal concerns that KCAD should be aware of in regard to the youth, or youth's immediate family. Include any physical conditions that might limit or prevent participation in certain physical activities. Describe such conditions and limitations on activities:

I/We declare that my/our answers and statements are correctly recorded, complete and true to the best of my/our knowledge and belief.

Date

Signature of Legal Parent/Guardian

Signature of Legal Parent/Guardian

**Kendall College of Art and Design of Ferris State University
Medical Treatment Authorization, Assumption of Risk & Release
and Waiver of Publicity for Minor Camp/Class Participant**

As the legal parents/guardians of _____, minor camp/class participant (“Youth”), who is participating in the Kendall College of Art and Design of Ferris State University (“KCAD”) camp/class program and related activities, I/we hereby agree to the following conditions:

MEDICAL TREATMENT AUTHORIZATION: I/We attest that currently there is no medical reason for Youth not to participate in the strenuous activities of the camp/class. I/We understand my rights under the Health Insurance Portability and Accountability Act (HIPAA) and authorize KCAD and/or its designee, to release information as necessary for managing camp/class healthcare. I/We authorize KCAD and/or its designee, to release medical information regarding Youth to interested parties, including parents, family physician, and treating medical authorities. I/we also acknowledge that KCAD is not responsible to administer or monitor the taking of any medication/medicines and/or any health or medical treatments/procedures.

In the event I/we cannot be reached, I/we authorize KCAD and/or its designee, including but not limited to medical staff at nearest hospital emergency room to act for me/us and to give the required consent and authorization for medical care, diagnosis, and treatment, including but not limited to surgical intervention if necessary, in behalf of Youth, and to do all the necessary things I/we might, or could do, if personally present. I/we assume responsibility for expenses incurred.

ASSUMPTION OF RISK, INDEMNIFICATION AND RELEASE: I/We, the undersigned, agree and acknowledge that in consideration of the use of certain KCAD facilities and participation in related camp/class activities including but not limited to classroom, extracurricular, transportation, and room and board activities, as the legal parents/guardians of Youth, I/we assume full risk of injury arising from the use of these facilities and participation in related camp/class activities, as outlined in the schedule of activities provided by KCAD. Neither KCAD and/or its designee shall be responsible for any injury or damages except that caused by the gross negligence of KCAD or its personnel.

I/We further agree to save and hold harmless, indemnify, and defend KCAD and/or designees from any claim by me/us, Youth, or Youth's family, estate, heirs, administrator(s), personal representative(s) or assigns, arising out of Youth's participation in the camp/class.

WAIVER OF LIABILITY: I/We, the undersigned, agree, and acknowledge that KCAD is not responsible for damage, loss, or theft of personal belongings that Youth brings to KCAD.

WAIVER OF PUBLICITY: I/We, the undersigned, give permission for the use of any photos, movie, and/or audio or video tapings of Youth's activities. The material so obtained may be employed with KCAD approval for educational purposes, media coverage, or for publicity benefiting education. I/We also acknowledge that KCAD cannot control photography/filming between Youth.

To OPT OUT of the publicity provision, sign here: _____

I/We understand that the Youth will be subject to the rules and regulations of the KCAD camp/class and that KCAD may, as a result of inappropriate conduct or other reasons, revoke the invitation to participate at any time resulting in Youth's immediate dismissal and ban from KCAD property.

THIS IS A RELEASE OF LEGAL RIGHTS—READ AND UNDERSTAND BEFORE SIGNING.

Date

Signature of Legal Parent/Guardian

Signature of Legal Parent/Guardian

Date

Signature of Youth

Additional Pick-Up Authorization for Ages 12 and Under

Student's Name: _____

Please provide the name and contact information for anyone who may be picking up your child after KCAD Continuing Studies Classes other than parent or legal guardian. Students 12 years of age and younger *must* be signed out by a parent, legal guardian or an authorized adult.* Anyone signing out a Continuing Studies student may be required to provide a photo ID to verify identity.

Parent/Guardian Name: _____ Daytime Phone: _____

Parent/Guardian Name: _____ Daytime Phone: _____

I authorize the following people to pick up my child from KCAD:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

****Special Instructions***

If your child will be walking home, using public transportation, or if you would like your child released without being signed out for any reason, please explain details below.

(Note: authorization is not necessary for ages 13 and up.)