

## APPENDIX A

### Title of Minors Program

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Parental Release, Waiver of Liability, and Covenant Not to Sue on behalf of Minor Child

I give my approval for my child to participate in **NAME OF PROGRAM** at Columbus State University. I understand that participation involves risk and I agree to the inherent risk of property damage and personal injury, including injury that might prove fatal, that my child might sustain. I acknowledge that Columbus State University assumes no responsibility of liability when travel takes place in a non-CSU vehicle. I further agree to waive any liability that may arise from the transporting of my child in a CSU vehicle. In exchange for my child's participation in **NAME OF PROGRAM**, I release Columbus State University, the Board of Regents of the University System of Georgia, staff, and volunteers from all liability resulting from my child's participation in this program and its activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization to Use Image or Photograph

Columbus State University has frequent occasion to illustrate and explain its program and activities for volunteer recruitment, fund-raising, enhancing community awareness, news releases, brochures, reports, etc. Toward these efforts it is most beneficial to use photographs and/or video of our friends/participants. However, we would never intentionally offend our friends/supporters by doing these things without their understanding and consent. Should you feel comfortable in assisting us in this manner, we would appreciate your consent.

I, as parent/guardian with legal responsibility for this participant, consent to Columbus State University using photographs and/or video of my son/daughter for such purposes as described above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medical Release Form

## Notice to Parents and Guardians

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. To avoid any unnecessary delay, this medical release form must be completed and signed. This form is mandatory for a child to participate in this program.

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Ins. Co: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Member #: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Dr. Phone: \_\_\_\_\_

## Primary Contact in Case of Emergency

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Secondary Contact in Case of Emergency

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Medical Questionnaire

Latex Allergy:  Yes  No  
Food Allergy:  Yes  No  
*What foods?*  
Insect Allergy:  Yes  No  
Asthma:  Yes  No  
*Inhaler?*  
*Can child use inhaler independently?*  Yes  No  
Heart defect/ disease, high blood pressure:  Yes  No  
Diabetes:  Yes  No  
Seizures/Epilepsy/Fainting Spells:  Yes  No  
*Date of last seizure:*  
Does your child have a shunt?  Yes  No

## Medical History

Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
\_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_  
Glasses/Contacts: \_\_\_\_\_  
Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Additional Information

Medical and/or Safety Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Special Needs or Tips (Please provide information needed to facilitate a successful Camp Abilities experience): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical Release

In case of injury or illness, Columbus State University is authorized to provide or obtain emergency medical care for my child to include providing emergency transportation. I agree to bear all costs of emergency services provided to my child. I have read and agree to this release.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name