ICC EMERGENCY MEDICAL INFORMATION

Child's Name: _____

Parent/Guardian Name(s): _____

Preferred phone number: _____ Other: _____

Address: _____
Street City State Zip

Date of Birth: _____ Sex: Male _____ Female _____

Preferred Hospital: _____

Physician's Name: _____ Physician's Phone: _____

EMERGENCY CONTACTS:

Name: _____ Relationship to Child: _____

Preferred phone number: _____ Other: _____

Name: _____ Relationship to Child: _____

Preferred phone number: _____ Other: _____

Please list any other adults who will be picking up your child who are not listed as Emergency Contacts: _____

_____

Medications the child is taking: _____

Reasons for medications listed above: _____

_____

Does your child have any medical conditions we need to be aware of? Yes _____ No _____

If yes, please explain: _____

_____

Is your child allergic to any medications? Yes _____ No _____

If yes, please list: _____

Does your child have food or environmental allergies? Yes_____ No _____

If yes, please list: _____

No medications will be given to a child for any reason by Illinois Central College staff. In case of serious illness or injury, immediate assistance will be provided to the child by Campus Security personnel. The emergency contact for your child and emergency medical personnel will be contacted immediately. If a less serious illness or injury occurs, the emergency contact for the child will be contacted immediately.

I have read the above information and accurately completed the requested information.

Parent/Guardian Signature: _____ Date: _____

ICC ASSUMPTION OF RISK AND RELEASE

I, _____, acknowledge that I am the parent/guardian of
(Parent/Guardian)

_____, who will be participating in a class sponsored by
(Child's Name)

Community College District No. 514 (Illinois Central College).

I recognize and acknowledge that there are certain risks of physical injury inherent in participating in this activity. With full knowledge of the facts and circumstances surrounding this activity, I voluntarily undertake this activity and agree to assume all responsibility and risk from their participation in this activity, including all risk of any injuries, damages, or loss which they may sustain as a result of participating, in any manner, in the activity described above.

To the extent permitted by law, I release Illinois Central College and its Trustees, officers, employees, and agents from any liability for personal injuries, property damage, or any other claims whatsoever arising out of the child's participation in the activity. I further agree to fully defend, indemnify, and hold harmless Illinois Central College, its Trustees, officers, employees, and agents from and against any claim, expense, cost, or liability of any nature (including attorney's fees) arising out of or resulting from the child's negligence or conduct while participating in the activity.

I understand the nature of the activity in which they will be participating and have read and understand this Assumption of Risk and Release.

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE

As a participant in a CCE class, I hereby consent for my child to be interviewed, photographed and/or videotaped and for the release, publication, exhibition, or reproduction of these materials to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on the ICC website, fund-raising, or any other purpose by Illinois Central College and/or its affiliates. I release Illinois Central College, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publication of said interviews, photographs, slides, computer images, videotapes, or sound recordings of my child.

Parent/Guardian Signature: _____ Date: _____

INTERNET USE RELEASE

I hereby grant permission to Illinois Central College to allow my child to use the Internet for course exploration under adult supervision.

Parent/Guardian Signature: _____ Date: _____