

SUMMER INSTITUTE HEALTH FORM AND WAIVER

All Students must complete this Health Form and Waiver

NAME _____ BIRTH DATE _____

ADDRESS _____ CITY, STATE, ZIP _____

EMERGENCY CONTACT NAME:: _____ RELATIONSHIP _____

EMAIL ADDRESS: _____ CELL PHONE # _____

PARENT NAME: _____ PARENT EMAIL ADDRESS: _____

PLEASE CIRCLE YES OR NO (give details on back if necessary)

Allergic to any Medicine(s): YES NO Asthma: YES NO Tetanus Shot Current: YES NO
Diabetic: YES NO Allergies (be specific and list): YES NO Convulsive Disorder: YES NO

Any other medical problem(s) we need to know about? Please list: _____

I/We understand that I/my child is entirely responsible for administering and taking any medication that has been prescribed to them by a doctor. I/my child understands that Bryan College is not responsible for ensuring that I/my child takes any of my/their prescribed medications throughout the duration of the Summer Institute. I/We agree to hold Bryan College and its agents harmless of any liability resulting in the underconsumption or overconsumption of prescribed medications.

Are you/ child covered by insurance? _____ (GIVE DETAILS. . . **REQUIRED**)

Insurance Company _____ Employee Name _____

Group Number _____ Policy Number _____

I/We understand the Bryan College cannot ensure freedom from disease or injury and agree to hold Bryan College and its agents harmless of any liability resulting from injuries, disease or loss of property sustained by me/our student during participation in the Summer Institute, I/We give consent for my/our child to receive medical treatment by a registered nurse or licensed physician when deemed necessary by the Summer Institute Program Coordinator if neither guardian is present. I/we understand that Bryan College does not provide any medical benefits, including insurance coverage for me/my child while I/my child is participating in Bryan College activities or on Bryan College's premises. I/we agree that I/we are responsible for all medical expenses incurred from injuries/illnesses that I/my child might sustain.

Signatures:

MINOR _____

DATE _____

GUARDIAN OF MINOR _____

DATE _____

<or> STUDENT (18 OR OLDER) SIGNATURE _____

Once this form has been completed and signed, please return to Bryan College prior to participation.