

Medical Release Form

SCHOOL NAME: _____
STUDENT NAME: _____ DATE OF BIRTH: ____ / ____ / ____
HOME ADDRESS: _____

HOME TELEPHONE: (____) _____
PARENT/GUARDIAN: _____

RELATIONSHIP: _____

TELEPHONE(best to contact at): (____) _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: (____) _____

IF PARENTS CANNOT BE REACHED, CONTACT: _____

NAME: _____ RELATIONSHIP: _____ PHONE: (____) _____

LIST IMPORTANT MEDICAL INFORMATION AND/OR HEALTH CONCERNS:

MEDICAL INSURANCE COMPANY: _____

TYPE OF COVERAGE: _____

I.D. OR GROUP NUMBER: _____

I confirm that the information on this medical release form is valid to the best of my knowledge. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the workshop director to hospitalize, to secure proper treatment, or to order injection, anesthesia or surgery for my child as named above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____ / ____ / ____

Student Contract

My signature verifies that I understand the conditions of my participation in Taylor Publishing's Metroplex MediaMania Workshop. Failure to comply with any of these conditions will result in immediate termination of my participation in the workshop and a loss of all workshop fees paid.

1. I may not have in my possession or consume any alcoholic beverages, controlled substances or possess illegal weapons.
2. I must not damage or destroy any property used in conjunction with Taylor Publishing's Metroplex MediaMania Workshop. I understand my guardian and I will be responsible for any damages I incur.
3. I must not be involved in any type of vandalism, or be the cause of vandalism of anything that is related to the workshop, hotel or anything in conjunction with Taylor Publishing's Metroplex MediaMania Workshop.
4. I will not hold Taylor Publishing's Metroplex MediaMania Workshop responsible for any lost or stolen articles.
5. I will refrain from using vulgar, inappropriate language or behavior, or participating in gang activities during the workshop.
6. I will abide by any decision made by the workshop director and/or committee of Taylor Publishing's Metroplex MediaMania Workshop.
7. I grant Taylor Publishing's Metroplex MediaMania Workshop permission to reproduce my photograph in promotional materials.

STUDENT'S SIGNATURE _____

PARENT/GUARDIAN'S SIGNATURE _____

This Form must be presented at registration to ensure your participation in the Metroplex MediaMania Workshop.

