



(FORM # 1)
**2012 Alaska Business Week
 Summer Programs**
**Student Medical Information Form
 and Photo Release**

A program of the Foundation for Private Enterprise Education, a 501(c)(3) organization.

SECTION I. ARRIVAL

I will be arriving at the Business Week Program via: Car Plane Train Other (describe) _____
 (If you have not already completed a transportation form with your specific arrival information, please send soon.)

SECTION II. GENERAL INFORMATION

New/Corrected Address

EMAIL for all ABW COMMUNICATIONS:

1. Student First Name _____ M.I. _____ Last Name _____ Birthdate _____

2. Ethnicity (for statistical purposes only): African American / Black Asian Pacific Islander Caucasian / White
 American Indian Native Alaskan/Aleutian Hispanic / Latino Other _____

3. Home Phone (_____) _____ Student Cell (_____) _____ Student Email _____

4. Parent/Guardian Name _____

Work Phone (_____) _____ Parent Cell (_____) _____ Parent Email _____

5. Please give the name and phone number of **two** people to call who will assume responsibility for your son or daughter in case of an emergency during their time at Alaska Business Week **if we are unable to reach a parent or guardian.**

Name #1 _____ Relationship _____ Phone Number (_____) _____

Name #2 _____ Relationship _____ Phone Number (_____) _____

SECTION III. MEDICAL INFORMATION

1. Are you taking any prescription medications? YES NO Please review our medication policy online.

	Medication	Medication	Medication	Medication
Name:				
Dose:				
Purpose:				
Controlled?				

2. Do you have any allergic reaction to any of the following: Insects Food (describe) Penicillin Plants
 Other/please describe _____

3. Do you have any specific health problems or special needs that would affect your ability to participate in an active program?
 YES (please specify) NO

Do you need any special accommodations to actively participate in the program? YES (please specify) NO

4. Do you have a history of: ADD/ADHD Asthma Autism/Aspergers Convulsions or Epilepsy Depression
 Diabetes Heart Trouble Hearing Impairment Physical Impairment Visual Impairment
 Other _____

5. Are you currently limited in physical activity? YES NO
 If yes, please specify: _____

(Continued on Reverse)

6. Physician's name and phone number _____
7. Are you covered by medical insurance? _____ (If not, please contact the Business Week office for an [insurance waiver](#).)
 Specific Company _____
 Name of Policy Holder _____ Group Number _____
 Policy/member Number _____

SECTION IV. AGREEMENT AND CONSENT FOR TREATMENT AND WAIVER OF LIABILITY

Should the student named herein require medical treatment or hospitalization for any accident or illness during Alaska Business Week, the attending physician and/or hospital is authorized to release such diagnostic and treatment information as may be needed to complete any insurance claim. It is agreed that any and all medical expenses incurred by the student for accidents or illnesses occurring during Alaska Business Week are NOT the responsibility of Alaska Business Week or the host university.

_____ (Parent's Initials)

In addition, this is to certify that I, the undersigned parent/guardian, hereby consent to and authorize the administration and performance of all needed medicines (and surgical treatment) and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding the named student. As the undersigned parent/guardian, I hereby authorize the administration of over-the-counter medications (i.e. aspirin, tylenol, antacids, ibuprofin, cough drops, etc.) by Alaska Business Week staff to the student named herein.

_____ (Parent's Initials)

I, the parent or legal guardian of the above named student, do hereby agree to release and hold harmless the University of Alaska, its Board of Regents, officers, and employees Alaska State Chamber of Commerce and the Foundation for Private Enterprise Education d.b.a. Washington Business Week, its officers, directors, employees and agents from and against any and all actions, claims, costs, losses, expenses and/or damages, including attorney's fees, arising out of or resulting from my child's attendance at the Alaska Business Week program, except due to either party's sole gross negligence or willful misconduct.

_____ (Parent's Initials)

SECTION V. PHOTO RELEASE

The undersigned hereby releases any photos, video or likenesses of the participant named in this form taken by Alaska Business Week (BUSINESS WEEK), to be used for promotional and publication materials. Alaska Business Week does not attach names to photos without permission.

By signing below, I am indicating that I have read all the provisions of this form, understand them, and agree to them.

Student's Name: _____ (Print or Type) _____ (Signature)

Parent/
Guardian Name: _____ (Print or Type) _____ (Signature)

_____ (Date Signed)

Please complete and mail, email, or fax this form to:

**Alaska Business Week
c/o Washington Business Week
33305 1st Way South, Suite B212
Federal Way, WA 98003**

**Fax: (253) 815-6985
Phone: (800) 686-6442
Email: registrar@wbw.org**

NOTE: We **cannot** admit any student to Alaska Business Week without this completed form with the correct information. Our insurance carrier and our program require we have this information. We must ensure proper medical treatment can be made available to all participating students in case of emergencies. **Thank you.**

IMPORTANT! Please submit this form within 3 weeks!