



Washington Business Week Summer Programs

STUDENT MEDICAL INFORMATION AND PHOTO RELEASE FORM

Program Attending:

- Seattle University (June 25 – July 1)
 Gonzaga University (July 10 – July 16)
- Central Washington University (July 24 – July 30)
 Pacific Lutheran University (August 7 – August 13)

Student & Family Information

First Name: _____ Middle Name: _____ Last Name: _____

Birthdate: ____/____/____ Gender: _____ High School: _____

Primary Contact Phone: _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Parent/Guardian Email: _____

Parent/Guardian Home Number: (____) _____ Parent/Guardian Cell Number: (____) _____

If a Parent/Guardian is not available in an emergency, please notify: _____

This contact must be someone other than a parent or guardian that lives with a student. It can be a sibling if over the age of 18.

Emergency Contact Information

#1 Contact First Name: _____ Relationship: _____ Phone Number: (____) _____

#2 Contact First Name: _____ Relationship: _____ Phone Number: (____) _____

Medical Information

Are you taking any prescription medications? Yes No Review our medication policy at www.wbw.org.

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

Do you have any allergic reactions to any of the following: Insects Food (Describe) Penicillin Plants

Other/Describe: _____

Do you have a history of: ADD/ADHD Asthma Autism/Asperger's Epilepsy Depression Diabetes Heart Trouble

Other/Describe: _____

Do you have any health problems or special accommodations to assist you in actively participating in the program? No Yes
(Please explain in detail) _____

Physician Information

Physician's name and phone number: _____

Are you covered by medical insurance? Yes No (If no, please contact the Washington Business Week office for an Insurance Waiver.)

Insurance Company: _____

Policy Holder: _____ Group Number: _____ Policy/Member Number: _____

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 Washington 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 Washington Business Week are NOT the responsibility of Washington 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 Washington 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 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 a Washington Business Week program, except due to the sole gross negligence or willful misconduct of the Foundation for Private Enterprise Education d.b.a. Washington Business Week.

_____ (Parent's Initials)

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

_____ (Parent's Initials)

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

Student Name: _____

Print

Sign

Parent/Guardian Name: _____

Print

Sign

Date Signed: _____