

Medical Form: History, Treatment Permission, & Release

This form is required to participate at the K-State Creative Arts Training Studio. Participation will not be permitted until this form has been completed, signed, and on file in the Art Office.

Participant Information		
Name: _____	Age: _____	Date of Birth: _____
Street Address: _____	City: _____	State: _____ Zip Code: _____
Cell Phone: _____	Gender: _____	

Emergency Contact/Guardian Information	
Name: _____	Relationship: _____
Cell Phone: _____	Alternate Phone: _____

Medical History & Accommodations
Does your minor child need any reasonable accommodations to participate in this program? If so, please describe the requested accommodation: _____ _____ _____
Allergies (Please list the allergy and provide additional information as needed): <ul style="list-style-type: none">• Insect Bites/Stings: NO YES _____• Food: NO YES _____• Medications: NO YES _____• Other: NO YES _____
Please provide information on any other medical concerns we should know about: _____ _____ _____
Insurance Information
Insurance Company: _____ ID Number: _____

Release of Liability: I hereby release and discharge, indemnify and hold harmless the Regents of Kansas State University, and their members officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assignees for any and all of the aforementioned persons and entities, against all claims,

demands, cost and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connect with any property loss and/or bodily injury and/or disability, arising from my child's participation in the K-State Creative Arts Training Studio activities, including stays and participation of events on campus and participation in activities in Manhattan City Park.

Consent for Treatment: I grant my permission to the program staff to supervise on-site first aid for minor injuries. In the event of injury such as a broken limb, sprain, contusion, laceration, concussion, etc. or illness requiring medical diagnosis or treatment, I hereby give my consent for K-State Creative Arts Training Studio staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary.

Consent for Medication Storage & Administration: I grant permission for the releasees to store the medications supplied by me or my child in a safe location for my child to access it to self-administer or for releasees to administer during the event. I understand that I must label all medications with the child's name. I understand that absent any requested and granted reasonable accommodations, releasees will not dispense or administer or instruct about medications and take no responsibility for the child's or my administration of any medications. I understand that the releasees will permit access by my child at my child's request to the medications I have supplied.

Assumption of Financial Responsibility: I hereby acknowledge that I am responsible for medical charges incurred during K-state Creative Arts Training Studio.

This document is a continuing consent, waiver, release, and assumption of risk with no limitations or reservations, unless and except those stated herein. Any copy or other reproduction of this document has the full force and effect and is binding as the original.

Print Name

Signature

Relationship to the Participant

Date