

# Health / Emergency Form

I, the undersigned, individually and as a parent/guardian of \_\_\_\_\_

(attandee), a minor, ask that she be admitted to participate in the Expanding Your Horizons event sponsored by Central Washington University. I do hereby agree to release, discharge and hold harmless the State of Washington, Central Washington University, its officers, agents, trustees, employees, and volunteers from any and all liabilities, claims, costs, expenses, injuries and or/ losses that I or my minor child may sustain as a result of my minor's attendance at the Expanding Your Horizons event or in the course of activities held in connection with the event. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child. I also give permission for my child's photograph to appear in Expanding Your Horizons and/or Central Washington University promotional materials.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Medical Information

Does your child have Allergies (food, drug, or environmental)? Yes/ No If yes, list.

Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc.?

Yes/No If yes, list. \_\_\_\_\_

Is your child taking any medications? Yes/No If yes, why?

\_\_\_\_\_  
Name of medication(s) and dosage(s).

\_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Medical Insurance \_\_\_\_\_

\_\_\_\_\_  
Name of Insured \_\_\_\_\_

\_\_\_\_\_  
Policy/Group # \_\_\_\_\_

## Contact Information

\_\_\_\_\_  
Parent/Guardian Daytime Phone Number \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_

\_\_\_\_\_  
Relationship \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Phone: Work (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

