

NICHOLLS STATE UNIVERSITY- OFFICE OF CONTINUING EDUCATION

Medical Release Form 2023

CAMPER'S NAME:					T-SHIRT SIZE		
AGE		BIRTH DATE	/ /		GRADE LEVEL (next Fall)		
ADDRESS							
CITY				STATE		ZIP CODE	
PARENT/GUARDIAN INFORMATION							
PARENT(S)/GUARDIAN(S) TELEPHONE NUMBERS and E-MAIL ADDRESS	NAME				CELL #		
	NAME				CELL #		
	E-MAIL				WORK #		
<i>In case of emergency, notify (circle best phone # for contact)</i>	OTHER	NAME					
		RELATIONSHIP					
		PHONE(S) #					
ALLERGY INFORMATION							
Is participant Allergic to anything?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<i>If checked "YES" please complete Allergy Form</i>			
<i>If checked "YES" above please check all that apply to type of allergy</i>				<input type="checkbox"/> FOOD		<input type="checkbox"/> MEDICATION	
				<input type="checkbox"/> INSECTS		<input type="checkbox"/> OTHER _____	
Epi-pen Needed		<input type="checkbox"/> YES <input type="checkbox"/> NO		<i>If checked "YES" please complete Epi-Pen Form</i>			
PHOTOGRAPH CONSENT							
Nicholls State University occasionally photographs summer camp participants to post on the website. We want to inform you and to request permission for your child's photo to be uploaded to the Nicholls State University website. Pictures are NEVER redistributed to any third party.						<input type="checkbox"/>	I agree with these terms
						<input type="checkbox"/>	I do NOT agree with these terms

I understand fully and accept the risks that are inherent in the described activities including off-campus field trips. With full understanding of the risk involved, I waive my right [and my child's right], to sue Nicholls for any injury sustained through my own, [my child's] or Nicholls' negligence. I further agree to indemnify Nicholls and its agents for any damages that may be assessed against it or them in a court of law pursuant to any claim arising from Summer Camp events.

PRINT NAME OF PARTICIPANT

SIGNATURE OF PARENT OR GUARDIAN

DATE

CONSENT FOR EMERGENCY TREATMENT

I give the staff of Nicholls State University permission to administer emergency attention to my child. In the case of an emergency, university police may escort my child to Thibodaux Regional Medical Center.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Sign-Out Consent		
<i>The above named camper is allowed to be checked out by the following people. If the person's name does not appear on this, your child will <u>NOT</u> be allowed to leave campus unless notified by the office 985-448-4444.</i>		
Name	Relationship to Camper	Telephone Number