

STUDENT EMERGENCY INFORMATION

**** PLEASE ATTACH A COPY OF YOUR CHILD'S MEDICAL INSURANCE CARD TO THIS FORM ****

Child Name _____ Age _____

Address _____
(please include city and zip code)

Birth date _____ Social Security # _____ Home Phone _____

Guardian Name 1 _____ Home Phone _____

Home Address _____

Company _____ Work Phone _____

Guardian Name 2 _____ Home Phone _____

Home Address _____

Company _____ Work Phone _____

Additional Contact _____ Relationship to Participant _____

Home Phone _____ Work Phone _____

Child's Physician _____ Phone _____

Insurance Company _____

Policy No. _____ Contact Number _____

Other Insurance Information _____

Date of last Tetanus Shot _____

Does your child have any medical problems we should know about if medical treatment should become necessary (allergies, medication he/she cannot take)? _____

Medication currently taking _____

Other information regarding my child's health that a physician should know: _____

PARENTAL CONSENT AND RELEASE

I/we, the undersigned, do hereby consent to allow _____ to participate in the CAHEC Youth Recognition Program trip, which is scheduled to take place from _____, 20____ to _____, 20____. I/we understand that there are inherent risks involved in travel and participation in recreational activities. I/we further understand that serious accidents and illnesses can and do occur while traveling and engaging in recreational activities and that participants occasionally sustain serious personal injuries and/or property damage as a consequence thereof.

I/we, individually and on behalf of my/our child, assume the risks of travel and recreation and hereby agree to accept any and all risks of personal injury, property damage, or death. Specifically, in

YOUTH RECOGNITION PROGRAM



consideration for my/our child’s participation in this program, I/we, individually and on behalf of my/our child, hereby knowingly and voluntarily RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE CAHEC and its affiliates and/or their officers, board members, agents, servants, employees and volunteers (collectively, “CAHEC”), including any persons supervising or chaperoning participants in this program, from or for any and all liability, demands, claims, damages, or costs, known or unknown, arising out of (i) property loss or damage and (ii) injury or death while my/our child is participating in this program.

In further consideration for my/our child’s participation in this program, I/we, on my/our own behalf, hereby knowingly and voluntarily AGREE TO INDEMNIFY AND HOLD HARMLESS CAHEC and its affiliates and/or their officers, board members, agents, servants, employees and volunteers (collectively, “CAHEC”), including any persons supervising or chaperoning participants in this program, from or for any and all liability, demands, claims, damages, or costs, known or unknown, arising out of (i) property loss or damage and (ii) injury or death while my/our child is participating in this program.

I/we give permission for my/our child to be given treatment which may be necessary or proper to provide for the health care of my minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life-sustaining procedures. I/we will sign a separate Permission to Administer Medication form if my/our child will need to be given any regularly taken medication during his/her participation in this program.

I/we grant CAHEC permission to use my/our child’s photograph in its corporate publications and on its website. I understand that no personal identification (for example, name and address) will ever be included with the photo.

I/we have carefully read this Consent and Release and fully understand its contents and intend by my/our signature below for this Consent and Release to be binding upon me, my spouse (if applicable), and my child, as well as our respective heirs, assigns, and personal representatives.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Print name

Print name

Date

Date

STATE OF NORTH CAROLINA
COUNTY OF _____

On this ___ day of _____, 20___, _____ personally appeared before me, to me known and known to me to be the person described in and who executed the foregoing instrument, and he/she acknowledges that he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My Commission Expires: _____
(OFFICIAL SEAL)

Notary Public