



OLYMPIC COLLEGE

Summer Program Medical Information Form

Name and phone number of insurance company _____

SSN# _____ Home phone: (_____) _____

Name of child: _____ Sex: _____ Birth Date: _____
(Last) (First)

Address: _____

Please provide daytime phone numbers for Parent/Guardians.

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Special needs (allergies, medication, behavior) or special conditions. Does your child require accommodations? If so, what accommodations are needed? Please explain below. *Some accommodations require considerable advanced notice. Please plan accordingly.*

Please note Olympic College staff cannot dispense medication. Arrangements must be made for a parent to administer medication.

Operations or recent illness: _____

Current PRESCRIBED medications: _____
(Olympic College staff cannot dispense medications.)

For the benefit of your child, the Director should be made aware of any treatment for emotional, neurological, physical, or psychiatric disorders. Any child who presents a risk to themselves or others may be discharged from Edventure Program at the discretion of the Director. Please list any pertinent information to help us better work with your child.



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Permission To Allow Child To Be Released On His/Her Own

Complete this portion ONLY if you wish your child to be released on his/her own.

Below are the specified instructions for my child (enter child's first and last name)

_____ to be released from Olympic College during Edventure. I understand this means my child will not be supervised once he/she has signed out. I also understand that college policy states that children may not remain unaccompanied by an adult on campus, and, therefore, I will ensure transportation for my child arrives in a timely manner (i.e. at the program end time).

Parent/Guardian signature: _____ Date: _____

PHOTO RELEASE FORM

A signed photo release is required for any photograph obtained by Olympic College Continuing Education. I hereby grant permission to Olympic College to use my child's photograph on its web site, Olympic College course schedule and in other official Olympic College publications or news releases without further consideration, and I acknowledge the Program's right to crop or treat the photograph at its discretion.

I also understand that once my child's image is posted on the web site, the image can be downloaded by any computer user on or off campus. Therefore, I agree to release and hold harmless Olympic College from any claims.

Child's name: _____

Parent/guardian's signature: _____ Date: _____