



# Ohio University Zanesville Campus

VISUAL AND PERFORMING ARTS SUMMER INSTITUTE

A SUMMER HONORS INSTITUTE FOR GIFTED STUDENTS



## Personal Medical Information and Release Form

Student's Name \_\_\_\_\_ SS# \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Other Home Phone \_\_\_\_\_

Mother's Work/Day Phone \_\_\_\_\_ Father's Work/Day Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Name on Policy \_\_\_\_\_

Member Number \_\_\_\_\_ Account/Plan # \_\_\_\_\_

Any other necessary information \_\_\_\_\_

Please list any special instructions, conditions, allergies, and/or other related medical information (including food/meal restrictions) that we should know about \_\_\_\_\_

The following are **over-the-counter medications** and first-aid supplies that we will keep under the care of the Program Nurse Practitioner. Please indicate any of following that you give permission for or recommend we have to provide your child, upon request:

- Tylenol/Acetaminophen
- Advil/Ibuprofen
- Motrin
- Midol
- Pepto-Bismol
- Tums
- Benadryl/antihistamine
- Hydrocortisone cream
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Please see reverse side for additional information**

Please **list any and all medications** (and related information) that your child might be bringing with them and taking while they are at Summer Honors Institute. Unless we are specifically requested, we will not be checking with the students nor dispensing personal medications. However, we would like to know, in the event of an emergency, what medications a student has taken or should/could take and the related dosages and side effects.

Medication	Dosage	Side effects (major)	Reason for taking
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Depending on the weather and availability of facilities, we may provide the students with an opportunity to **swim**. Please indicate whether or not you will allow your child to participate in swimming. We will also have other fun options for students to choose from during the same time.

- No, please do not allow my child to swim.
- Yes, you may allow my student to swim.

**PLEASE REVIEW THE FOLLOWING STATEMENTS AND SIGN AT THE BOTTOM:**

✓ **MEDICAL RELEASE**

In the event that my child should require emergency treatment, and reasonable attempts to contact me and/or preferred medical specialists have been unsuccessful, I give consent for the administering of emergency medical treatment deemed necessary by the licensed physicians or dentists at the nearest hospital emergency or urgent care facility.

✓ **LIABILITY RELEASE**

Upon applying for entry into the VAPA Summer Institute, I hereby, for myself or my other representatives, waive and forever release any and all rights and claims to Ohio University Zanesville for injuries, damages, losses, and/or expenses which I may suffer as a result of attending, participating in, practicing for, or traveling to or from the Summer Institute.

✓ **MEDIA RELEASE**

I give my permission to use any audio or visual recordings that are taken for the purpose of documenting activities or marketing the program in the future. If not, please indicate why \_\_\_\_\_

Parent/Guardian's Signature _____	Date _____
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