

**INSTRUCTIONS:** Please provide detailed health information for determining appropriate supervision, support, and accommodations for the activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact the event director. **PLEASE PRINT ALL INFORMATION.**

NAME OF EVENT: \_\_\_\_\_  
DATE(S) OF EVENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**PARTICIPANT IDENTIFICATION**

NAME: \_\_\_\_\_  
NAME YOU WISH TO BE CALLED: \_\_\_\_\_ PRONOUNS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
RACE/ETHNICITY: (Optional)  White  Hispanic  Black  American Indian  Asian  Multicultural  
PARTICIPANT CELLPHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
HOME EMAIL: \_\_\_\_\_

**PARENT / GUARDIAN IDENTIFICATION** (Place a check beside who to reach in the event of an emergency.)

FATHER'S NAME (OR GUARDIAN): \_\_\_\_\_  
FATHER'S EMAIL: \_\_\_\_\_ FATHER'S PHONE DAYTIME: \_\_\_\_\_  
EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_  
 MOTHER'S NAME (OR GUARDIAN): \_\_\_\_\_  
MOTHER'S EMAIL: \_\_\_\_\_ MOTHER'S PHONE DAYTIME: \_\_\_\_\_  
EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_  
WHO HAS PRIMARY CUSTODY OF THE PARTICIPANT? \_\_\_\_\_  
ADDRESS, IF DIFFERENT THAN CHILD: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (Parts 1 and 2 should be completed)

1. WHERE CAN YOU BE REACHED IN THE EVENT OF AN EMERGENCY?  
LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

2. IF YOU **CANNOT** BE REACHED, WHO SHOULD BE NOTIFIED?  
NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**RELEASE AUTHORIZATION**

I give permission to the following individual(s) to pick up my child at the conclusion of this event:  
Name(s): \_\_\_\_\_

**PHYSICIAN / INSURANCE INFORMATION**

FAMILY PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DENTIST / ORTHODONTIST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IMMUNIZATION HISTORY (This must be completed)**

Are your child's immunizations up to date?  YES  NO  
Most recent tetanus shot: (month/year) \_\_\_\_\_/\_\_\_\_\_

**PARTICIPANT HEALTH AND MEDICAL HISTORY**

1. Has the participant ever experienced (or had special needs in) any of the following? [Check (✓) all that apply]

- Asthma
- Eating disorders
- Diabetes
- Fainting spells
- Bleeding disorders
- Seizures/Convulsions
- Non-food allergies
- Autism/Asperger's/  
Autism Spectrum Disorder
- Attention disorders (ADHD)
- Wears contacts
- Behavior
- Other: \_\_\_\_\_

Please describe any condition or need that you checked: \_\_\_\_\_

2. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

YES  NO If YES, please explain: \_\_\_\_\_

3. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

YES  NO If YES, please explain: \_\_\_\_\_

4. What else should we know about your child?

Programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support. For example, many children experience significant anxiety, struggle with regulating their emotions when frustrated, become overwhelmed by sensory overstimulation, and various other difficulties. Please share any details you are comfortable providing regarding difficulties that our staff should be aware of and accommodations or considerations that our staff may facilitate to make activities safe, enjoyable, and accessible for your child. \_\_\_\_\_

**DO YOU CARRY FAMILY MEDICAL / HOSPITAL INSURANCE?:**  YES  NO (Check ✓ one)

CARRIER: \_\_\_\_\_ POLICY ID #: \_\_\_\_\_

**APPROVAL / EMERGENCY AUTHORIZATION**

If this section is not signed, participation in the event/activity will not be allowed. You must contact your event director if there is a change in health status after submitting this form.

1. I give my permission for the participant named on this form to attend the program.
2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME: \_\_\_\_\_  
SIGNED: **X** \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent / Legal Guardian or participant over 18 years old)*

*I understand and agree to abide with any restrictions placed on my activities according to this form.*

YOUTH PRINTED NAME: \_\_\_\_\_  
SIGNED: **X** \_\_\_\_\_ Date: \_\_\_\_\_  
*(Participant under 18 years old)*

**PARTICIPANT MEDIA RELEASE**

Virginia Polytechnic Institute and State University periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the Institute and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me. I understand that I will need to notify Virginia Tech/Institute for Creativity, Arts, and Technology if any changes to my situation occur that will impact this media release permission.

**YES**  **NO** (Check  one)