



**BLUEFIELD STATE COLLEGE
KIDZ KOLLEGE 2018 APPLICATION**

Child

First _____ Middle _____ Last _____ Male __ Female__

Street _____

City _____ State _____ Zip code _____ Child's Home Phone _____

School Name _____ Grade _____ Birth date ____/____/____

Parent/Guardian - Contact Information

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____

Cell phone _____ E-mail _____

Occupation _____ Employer _____

Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

In case of emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

Please list people in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

Medical Release Information

Insurance Information

Policy Number _____ Health Insurance Provider _____

Name of Primary Physician _____

Address _____

Phone _____

Name of Dentist _____
Address _____
Phone _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures). The purpose of the information requested below is to ensure that in an emergency medical personnel have details of any medical concern, which may interfere with or alter treatment.

<u>Medical Issue</u>	<u>Required treatment</u>
_____	_____
_____	_____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain: _____

Does your child have any food, medication or other allergies?
Yes__ No__ If yes, explain: _____

Does your child require a special diet?
Yes__ No__ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor/ambulance and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Bluefield State Kidz Kollege will not be responsible any medical expenses incurred; I understand these expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during Kidz Kollege. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I will not be compensated, and all photos are the property of Bluefield State College.

Parent's/Guardian's Initials _____

I understand Kidz Kollege is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In cases of failure to participate Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

(Adapted from Trenton Film Society)