

Kid's College/McNeese Teens Application and Medical Form

No registration is complete until fees are paid and a signed application, medical and parent/guardian approval form is received in the McNeese Leisure Learning Office.

Please return this form to:

McNeese Leisure Learning • Box 92375 • Lake Charles, LA 70609

Student Name _____

Parent/Guardian Name _____

Address _____

City _____ State ____ Zip _____

Phone: Home _____ Work _____

Cell _____

Student Birthdate _____ Male ____ Female ____

School _____ Grade level (2009-2010) _____

Emergency contact person _____

Phone: Home _____ Work _____ Cell _____

Parent's/Guardian's Approval

Do you give McNeese permission for your child to be photographed/videotaped for instruction and/or publicity now or in the future? ____ Yes ____ No

I understand that when my child's class ends for the day, MSU's responsibility for him/her ends; and it is my responsibility to pick up my child promptly. If my child/children are not picked up within 15 minutes of class ending, that I will pay a late fee of \$15 per child per incident. I agree to support all program rules and regulations.

In consideration of my child participating in the MSU's Kid's College, I, _____, on behalf of myself, my heirs, legatees, personal representatives and all those claiming by or through me, consent to, and so hereby discharge and release and forever hold harmless McNeese State University and its affiliates, sponsors, agents, representatives, and employees, and any facility at which events are held, from any and all charges, claims, actions, losses, damages or expenses incurred whether for personal or bodily injury (including death), property loss or damage of whatever nature or cause, incurred by me (or my child) arising out of or in any conjunction with my (or my child's) participation in any and all Kid's College activities.

I hereby consent I am of legal age and capacity and have read and understand the contents of the Consent and Release. This release is irrevocable and shall be binding upon me and my heirs, legal representatives and assigns.

Signature of parent or guardian required below.

Parent/Guardian Signature _____

Kids College/McNeese Teens Medical Form

Advisory to parents/guardians: Before allowing your child to participate in programs or vigorous physical activities involved in Kid's College, your child should have a medical examination by a qualified medical doctor for the purpose of establishing the child's complete physical soundness for participating in the Kid's College activities.

Note: Please do not bring your child to camp if he/she is ill.

Children who have fever or are taking medication should remain at home.

No medication will be administered by the staff.

Consent for minors attending special programs through MSU to receive routine medical treatment is required for all programs.

To Parents/Guardians: In order for your son or daughter to receive medical care in the event of illness or injury while participating in an MSU program, please give the following information and sign the consent form below:

Student Name _____

Social Security Number _____

Insurance Company & Policy No. _____

Name of Person Carrying Insurance _____

Place of Employment _____

Family Physician Name _____

Office Phone _____ Address _____

City _____ State ____ Zip _____

Date of last tetanus immunization or booster shot _____

List any medical, psychological or emotional condition for which your child is being treated at the present time _____

List all medications he or she is currently taking _____

List all medications your son or daughter is allergic to _____

List any restrictions of physical that apply to your child _____

List any disabilities or conditions that would prevent your child from participating in this program without special accommodations _____

What kinds of special accommodations would your child need to participate in this program? _____

Waiver: I hereby waive any responsibility or negligence on the part of MSU for obtaining a medical examination for my child or having adequate medical insurance.

Medical Treatment Consent and Liability Release:

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, to receive necessary medical treatment in the event of an injury or illness while attending special programs sponsored by MSU, and I accept responsibility for the full payment of such medical treatment. I hereby hold the Student Health Service, the University, and their representatives harmless in the exercise of this authority.

Child's Name _____

Parent/Guardian Signature _____

Date _____