

Kids on Campus Student Information

Emergency Contact Information

Student Name: _____ Grade in Fall 2017 _____

Primary Contact: _____ Relationship to child _____

Phone number contact can be reached while student is attending Kids on Campus _____

Secondary Contact: _____ Relationship to child _____

Phone number contact can be reached while student is attending Kids on Campus _____

Please list below any medical information we should know about your child

_____ My child has no known allergies or medical conditions.

_____ My child has the following allergies and/or medical conditions.

Allergies _____

Other _____

Please describe symptoms and precautions:

Parent or guardian Signature _____ **Date** _____

Video or Photography Release

I give permission for my child to be photographed, interviewed, and/ or videotaped while attending KOC classes for future promotional purposes with the understanding that there is no compensation given. Photographs may be used in the yearbook, KOC website, and/or KOC brochure. Names will not be included on any pictures or videos. Interviews may be done by other students for the Kids on Campus newspaper camp.

_____ Yes, my child may be photographed, interviewed or videotaped while at Kids on Campus.

_____ No, I do not wish to have my child photographed, interviewed, or videotaped.

Parent or Guardian Signature _____ **Date** _____

OVER

Social Media

I give permission for my child’s photograph to be posted on the Butler County Community College Facebook and Instagram page for promotional purposes with the understanding that there is no compensation given. No names will be attached to the photo.

_____ Yes, my child’s photograph may be used on Butler County Community College Facebook and Instagram page.

_____ No, my child’s photograph may NOT be used on Butler County Community College Facebook and Instagram page.

Parent or Guardian Signature _____ **Date** _____

By my signature below, and as the parent/ guardian of _____, **I attest that I have provided all pertinent medical knowledge** and I agree to indemnify and hold harmless Butler County Community College, its officers, agents, and employees for any loss or injury that my child may sustain while participating in the Kids on Campus program. In case of emergency, I ask Butler County Community College to contact me or the authorized adult listed above. If the College is unable to reach me or the authorized person named above, I authorize Butler County Community College to secure emergency treatment for my child. I also understand that disruptive and inappropriate behavior will not be tolerated and will result in student’s dismissal.

Parent or Guardian Signature _____

Date: _____