

# 2024 Student Information Form

## Emergency Contact Information

Student Name: \_\_\_\_\_ Grade in Fall 2024 \_\_\_\_\_

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 \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

Please describe symptoms/precautions/supports so we may best help your child be successful at KOC

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 on the KOC website, KOC brochure and the Butler County Community College social media accounts. 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 \_\_\_\_\_

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: \_\_\_\_\_