



Office of Pre-College Programs  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435-0010  
(937) 775-3135

## Residential Required Form

### **PART A: To Be Completed By Parent or Guardian**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Identification #: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **PART B: To Be Completed By Physician**

Are required immunizations up to date? \_\_\_ yes \_\_\_ no Date of last Tetanus Shot: \_\_\_\_\_

Identified allergies: \_\_\_\_\_

Diagnosed Developmental Disorders: \_\_\_\_\_

Medication currently prescribed or being taken by the student: \_\_\_\_\_

Medical conditions, restrictions, or special concerns: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

### **PART C: Parent/Guardian, Please Read Carefully and Sign Below**

#### **EMERGENCY TREATMENT RELEASE**

As the parent/guardian of \_\_\_\_\_ I hereby authorize a Wright State University and/or his authorized representative or emergency medical personnel to furnish emergency services and/or secure emergency medical treatment (transport to a hospital and hospital admission) for my son or daughter. I agree to be financially or otherwise responsible for this service.

I release, discharge and agree to hold harmless Wright State University, its officers, employees, agents, and all others who could be held liable from any and all claims which in any manner arise from or as a direct result of this service.

#### **ASSUMPTION OF RISK/WAIVER OF LIABILITY**

As the parent/guardian of \_\_\_\_\_ I give permission for this child to participate in the Summer Camp Program offered through the Office of Pre-College Programs at Wright State University. I give permission for my child to participate in the following camp related activities: recreational activities, including swimming; program curriculum and related activities; personal and programmatic evaluation, including personality inventories; photographs, video-taping, news releases, and other publicity efforts.

I understand that Wright State University reserves the right to dismiss a student from the summer camp program if the student demonstrates a behavioral or attendance problem, and that no refund will be given. Further, I understand that the summer camp program is not designed or specialized to meet the needs of children with diagnosed developmental disorders.

I give permission for emergency medical treatment for my child and hereby certify to Wright State University that my child has no known medical problems or conditions which would in any way prevent him/her from participating in the aforementioned or related activities.

I assume responsibility for any injury, loss or damage resulting directly or indirectly from participation in the summer camp program and will not institute any negligence or other claim against Wright State University, its agents, or any other person who could be held liable either in their individual or official capacities.

I agree to hold the above named parties harmless from any liability for any personal or property injury. I hereby fully release and discharge Wright State University from any negligence or other claim for liability, loss or damage. I also agree to indemnify Wright State University or its agents for any personal injury or property claim resulting from my child's actions.

I understand that these activities are performed under this specific agreement. I have read and understand the foregoing and voluntarily sign this waiver with full knowledge of its significance.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_