JOHNSON & WALES UNIVERSITY
DAY CLINIC EMERGENCY, MEDICAL FORM, AND MEDIA RELEASE

Name of Clinic: ____________________________ Date: _____________________

Participant's name: _______________________________ Age: ______________________

Parent/Guardian name: ____________________________ Phone: _____________________

IN CASE A PARENT/GUARDIAN CANNOT BE REACHED, PLEASE NOTIFY:

Name: __________________________________ Phone: ____________________________

Relation to Participant: __________________________________

Health Insurance Company: ____________________________________________________

Name on Policy: ______________________________ Policy Number: ___________________

The following individuals are authorized to pick up my child from clinic:

Name: ___________________ Relation:_______________ Phone: ________________

Name: ___________________ Relation:________________ Phone: ________________

Name: ___________________ Relation:_______________ Phone: ________________

MEDICAL HISTORY

Date of last physical exam: _______________ Date of last Tetanus Booster:__________

Exam must have been within the last year in order to participate

Name of Physician: _________________________________ Phone: ________________

Is your child currently under the care of a physician for a medical problem? ___________

If yes, please explain: ______________________________________________________

Has your child been hospitalized or had a serious illness within the past year? _________

If yes, please explain: ______________________________________________________
Does your child have any pre-existing injuries or conditions that may impair their ability to participate in the clinic?
______________________________________________________________________________

Is your child on any prescription medication? ____________________________
If yes, please list: _________________________________________________________

Does your child have any allergic reactions to medications, insect bites/stings, foods, etc?
If so, please list them: _____________________________________________________

Media Release

By signing below, I hereby grant Johnson & Wales University permission to capture my child’s image or voice in any media, or campus settings and the irrevocable right to use my child’s name, voice and image in any manner or media for university purposes, including but not limited to publicity and marketing. I hereby unconditionally release Johnson & Wales University and its trustees, employees and representatives from any and all liabilities, claims and demands whatsoever, in law or equity, whether known or unknown, which I, my child, or my child’s heirs, assigns and/or representatives ever had, now have, or in the future may have relating to the uses described herein.

Parent/Guardian Name: __________________________
Parent or Guardian Signature: ____________________  Date: ______________________