



Spoon River College Canton Summer Youth Program
EMERGENCY MEDICAL INFORMATION

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of birth: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Email address: \_\_\_\_\_

Does your child have any conditions we need to be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Medications child is taking: \_\_\_\_\_

Reasons for medications listed above: \_\_\_\_\_

Is your child allergic to any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

- 1. No medications will be given to a child for any reason by Spoon River College staff or volunteers.
2. In case of serious illness or injury, immediate first aid will be given. The emergency contact for the child and emergency medical personnel will be contacted immediately.
3. If less serious illness or injury occurs, the emergency contact for the child will be contacted immediately.

I have read the above information and accurately completed the requested information.

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

continue to the opposite side

PLEASE PRINT LEGIBLY
Please complete BOTH PAGES of this document.

## **ASSUMPTION OF RISK AND RELEASE**

I, \_\_\_\_\_, acknowledge that I am the  
(parent/guardian)  
parent/guardian of \_\_\_\_\_ who will be participating in the Summer  
(child's name)  
Youth Program sponsored by Spoon River College, Community College District No. 534, during the 2023  
Summer Semester.

I recognize and acknowledge that there are certain risks of physical injury inherent in participating in the activity. With full knowledge of the facts and circumstances surrounding this activity, I voluntarily undertake this activity and I agree to assume all responsibility and risk from his/her participation in this activity, including all risk of any injuries, damages or loss which he/she may sustain as a result of participating, in any manner, in the activity described above.

To the extent permitted by law, I release Spoon River College, and its Trustees, officers, employees and agents, from any liability for personal injuries, property damage, or any other claims whatsoever arising out of his/her participation in the activity. I further agree to fully defend, indemnify, and hold harmless Spoon River College, its Trustees, officers, employees and agents from and against any claim, expense, cost or liability of any nature (including attorney's fees) arising out of or resulting from his/her negligence or conduct while participating in the activity.

I understand the nature of the activity in which he/she will be participating and have read and understand this Assumption of Risk and Release.

### **MEDIA RELEASE**

As a participant in the 2023 Summer Youth Program, I hereby consent for my child to be interviewed, photographed and/or videotaped and to the release, publication, exhibition, or reproduction of these materials to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on the Spoon River College website, fund-raising or any other purpose by Spoon River College and/or its affiliates. I release Spoon River College, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publication of said interviews, photographs, slides, computer images, videotapes, or sound recordings of my child.

### **INTERNET USE RELEASE**

I hereby grant permission to Spoon River College to allow my child to use the Internet for course exploration under adult supervision.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return this form (digital or hard copy) to the email or physical address below no later than June 8, 2023.**

Email to: **Paula Lane at [pclane@illinois.edu](mailto:pclane@illinois.edu)**

**OR**

Deliver to: **Illinois Extension, Mason County office**  
**127 S High St, Ste 1**  
**Havana, IL 62644-1496**  
**Phone: 309-543-3308**

Office Hours: **Monday-Friday 8 am to 4:30 pm (Closed Noon - 1 pm)**