



SUMMER 2024
YOUTH ARTS TECHNOLOGY PROGRAM
Medical Release Information for In-Person Classes
PLEASE PRINT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: M  F 
Parent/Guardian's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_
Cell/Home #: \_\_\_\_\_ Alternate # (Required): \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If not available in an emergency, please notify (required):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_
Cell/Home #: \_\_\_\_\_ Alternate # (Required): \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

There is NO vaccination requirement for registration. Masks are optional.
You may visit www.sunywcc.edu/wdce-covid-19 for the most up-to date information on the
college's vaccination policy. Please email us at peekskill@sunywcc.edu with any questions.

CHILD'S HEALTH HISTORY

Food Allergies (please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any other concerns and/or physical limitations. Contact us directly at
peekskill@sunywcc.edu if any medical issues need to be addressed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Authorization

This medical release form is correct to my knowledge, and the child named here has permission
to participate in all program activities. In case of emergency, The Peekskill Center does not
provide medical or accident coverage. Such coverage is the responsibility of the parent(s) or
guardian(s). Therefore, I authorize SUNY Westchester Community College at Peekskill to call
911 and allow emergency personnel to provide necessary treatment to the registered student if
necessary.

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

Mandatory Forms must be submitted prior to the start of the Summer 2024 Youth Arts Technology Program via
email to peekskill@sunywcc.edu or fax us at 914-606-7386 as soon as possible.
If your child is enrolled in both two-week sessions, only one set of forms is required.