



SUMMER 2019
YOUTH ARTS TECHNOLOGY PROGRAM
MEDICAL RELEASE FORM

Mandatory for each registered Summer 2019 student

PLEASE PRINT - No Immunization Information Required

Child's Name: _____ Date of Birth: ___/___/___ Gender: M ___ F___

Parent/Guardian's Name: _____

Cell/Home #: _____ Alternate # (Required): _____

Address: _____ City: _____ State: ___ Zip: _____

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

Name: _____ Relationship: _____

Cell/Home #: _____ Alternate # (Required): _____

Address: _____ City: _____ State: ___ Zip: _____

CHILD'S HEALTH HISTORY

Food Allergies (please list):

Three horizontal lines for listing food allergies.

Please provide any other information and/or physical limitations. _____

Horizontal line for other information.

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 Westchester Community College at Peekskill to call 911 and allow emergency personnel to provide necessary treatment to the registered student if necessary.

Sign: _____

Date: _____

Mandatory Forms must be submitted prior to the start of the Summer 2019 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