



## YOUTH ARTS TECHNOLOGY PROGRAM

### Medical Release Information

**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: \_\_\_\_\_

### CHILD'S HEALTH HISTORY

**Food Allergies (please list):**

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**Please provide any other concerns and/or physical limitations.** \_\_\_\_\_

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### 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 Youth Arts Technology Program**  
via email to [peekskill@sunywcc.edu](mailto: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.