



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):

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

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 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.