



SUMMER 2017
YOUTH ARTS TECHNOLOGY PROGRAM
MEDICAL RELEASE FORM

Mandatory for each registered Summer 2017 student

No Immunization Information Required

Child's Name: _____ Date of Birth: ___/___/___ Gender: M ___ F ___
Parent/Guardian's Name: _____
Cell/Home: _____ Alternate Ph: (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):

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

Sign: _____

Date: _____

Please submit this mandatory form (along with the paperwork) 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.
Forms must be submitted prior to the start of Summer 2017 Youth Arts Technology Program.**