

## Valparaiso University

### HEALTH AND PERMISSION FORM (page 1 of 2)

A Health and Permission Form must be completed for each participant attending the Program. No participant will be allowed to participate in Valparaiso University programs or activities without a completed and signed form on file by the sponsoring department.

*Please type or print*

**Participant's Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

If neither parent/guardian is available in an emergency notify:

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

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Work Phone

(    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Name of Parent/Guardian carrying health insurance: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address of Insurance Co: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

**Health History** (Attach additional sheets as necessary)

**Allergies:** (insect stings, medications, hay fever, asthma, other. Please list severity of condition and treatment, (i.e. ice, prescription, over-the-counter medications).

**Dietary Restrictions:** (Please list food allergies, reaction to food, and any treatment used; also list any religious or vegetarian restriction or requirements).

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**Health Problems/Concerns:**

**Are Valparaiso University required vaccinations/shots current:**     Y            N

Date of MMR (measles, mumps, and rubella): #1 \_\_\_\_\_ #2 \_\_\_\_\_

Date of last Tdap (tetanus, diphtheria, and pertussis): \_\_\_\_\_

**Medications:** Please list any medications and dosage schedule that will be taken while at the Learning Center.

**Please list any serious or chronic medical conditions; or recent illness/surgery. Please give dates.**

**Has student ever required psychiatric counseling or hospitalization?** Yes \_\_\_\_ No \_\_\_\_

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Medical Authorization and Release Statement (agreement, release, and assumption of risk)**

The health history is correct so far as I know , and I hereby give permission for my child to participate in all program activities including field trips and transportation to learning sites, except as noted by me and/or an examining physician. My student, to the best of my knowledge, is in good health and free from infectious disease.

I hereby give permission to medical personnel selected by school or staff to order X-rays, routine tests, necessary treatment and transportation for my child. In the event I cannot be reached in an emergency; I hereby give permission to the physician selected by school or staff to secure and administer treatment; including hospitalization, injection, anesthesia, surgery, and transfusion for my child as named above. I agree to pay all costs associated with that treatment and transportation. It is expressly understood and agreed that Valparaiso University shall not be responsible or legally liable for any losses of personnel property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant or in connection with any activities or programs.

Valparaiso University activities on or off Valparaiso University premises (which may be scheduled or unscheduled, supervised or unsupervised or occur during free time), may include, but are not limited to: swimming, hiking, bowling, service and research projects, and other recreational activity that could pose a danger to a participants. I acknowledge that the inherent and other risks, hazards and dangers of these activities can cause serious bodily harm or death, injury, or other loss to participant or others.

To the fullest extent allowed by law , I agree to waive, discharge claims, hold harmless, and release from liability The Lutheran University Association, Inc., d/b/a Valparaiso University, and their directors, employees, agents, students, and leaders from any and all liability on account of, or in any way resulting from injuries and damages, even if caused by negligence of its directors, employees, agents, students, and leaders, in any way connected with Girls Who Code: Valpo After School. I further agree to hold harmless, The Lutheran University Association, Inc., d/b/a Valparaiso University, and their directors, employees, agents, students, and leaders from any claims, damages, injuries or losses caused by my child's negligence while a participant in Girls Who Code: Valpo After School. I understand and intend that this assumption of risk and release is binding upon my heirs, executor , administrators, and assigns.

The following individual(s) are authorized to provide pickup of the participant \_\_\_\_\_

**I Do \_\_\_\_\_ I Do Not \_\_\_\_\_** give permission to Valparaiso University to use my child's image, likeness, or quotes in publications for the purpose of advertising or posting on social media.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_