

**Hanover College Summer Academy
Medical Report and Waiver Form**

For the health, safety and comfort of the Scholar, it is required that this form be filled out accurately. Please answer all questions and print clearly.

GENERAL INFORMATION

Name of Scholar: _____ Age: _____ Sex: _____

Address: _____

City, State, Zip: _____ Phone: _____

Email Address: _____

EMERGENCY INFORMATION

Please provide two people who can be contacted in the event of an emergency.

Name: _____ Phone: _____

Relationship to Scholar: _____

Name: _____ Phone: _____

Relationship to Scholar: _____

MEDICAL INFORMATION

Describe if Scholar has any allergies: i.e., medicine, food, insects, sun, grass, etc. or any other medical situation (diabetes, epilepsy, etc). Please also list any medication the Scholar is prescribed.

Date of most recent tetanus shot: _____ Date of most recent physical exam: _____

Insurance Company: _____ Policy Number: _____

Primary Physician: _____ Physician Phone Number: _____

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. I further authorize the Hanover College staff in my absence to authorize immediate first aid to my child and emergency transport to the appropriate medical care facility.

I understand that no health, and/or accident insurance is provided for participants and I also hereby assume the responsibility for payment of any such treatment and release Hanover College and its staff from any and all liability or claims arising out of an injury, accident or sickness to my child.

Any personal belongings that the Scholar brings with him/her to Hanover College are at his/her risk and are not the responsibility of Hanover College. Further, these items are NOT covered by Hanover College's insurance coverage.

I do hereby waive any and all rights and claims against Hanover College, its trustees, officers, agents, and employees, arising in or out of my participation in this program, and do further agree to identify and save harmless Hanover College, its trustees, officers, agents, and employees to and from any liability whatsoever arising from any damages, injuries, death suffered by me as a participant in this program.

I certify that I am the parent or legal guardian of the participant named above; that I have read the foregoing waiver and release and consent for medical treatment; and that I join in the release without reservation, granting my full consent to all actions provided for therein.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Scholar Printed Name: _____

Scholar Signature: _____ Date: _____

**Hanover College Summer Academy
Media Release Waiver Form**

I hereby give permission for the Scholar, _____, to be photographed, videotaped and audio-taped, which may be used to publicly promote Hanover College and/or the Hanover College Summer Academy.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Scholar Printed Name: _____

Scholar Signature: _____ Date: _____