

Medical Information and Parent/Guardian Authorization Form for participants under 18. (Workshop participants that are 18 or older should complete and sign)

Workshop Attendee's Name

Parent/Guardian Name

Address

Where can we reach you during your child's workshop?

Phone

Email

Has your child had any of the following, if so, please explain:

Asthma

ADD/ADHD

Cognitively or Learning Disabled

Autism

Epilepsy/Seizures

Diabetes

Cerebral Palsy/Motor Disorder

Dietary Restrictions

Food allergies

Additional information that may be helpful for us to have about your child:

Has your child had all the vaccinations required by the Madison Public School District for the 2016/2017 school year? (<https://studentservices.madison.k12.wi.us/immunization-information-and-school-requirements>) **Yes** **No**

Is your child taking any medications that will need to be administered during the workshop?

Parent/Guardian Authorization

I hereby request and consent that my child or ward (the applicant) be allowed to participate in the Microbiology Workshop activities. I understand that the workshop will take place on the Edgewood

College campus and that my child or ward will be supervised by employee(s) of the workshop during the times stated for the workshop. I certify that the applicant is capable of engaging in the experiences the workshop provides. The workshop will be held in a college microbiology laboratory and participants will be expected to abide, at all times, by all safety procedures and to follow all directions as given by the workshop instructor. Disregard for the rules and instructions, particularly those that will put participants at risk, will not be tolerated and may result in removal from the workshop. I understand that a space will not be reserved for the applicant until payment has been received.

I understand that I am fully responsible and legally liable for any actions taken by my child or ward during the above-described activity. I also understand and agree that the school and its employees are not liable for any injuries suffered by my child or ward which are not directly attributable to the negligence of the school or its employees.

I understand that the Edgewood Office of Science Outreach reserves the right to withdraw a participant from the program if the enrollment of the applicant negatively affects the integrity of the program, or if the applicant engages in behaviors that could injure, harm, or demean other workshop participants.

I will contact the Office of Science Outreach Director if my child requires significant accommodations or has significant medical issues that will require special attention by workshop staff. If at any time medical treatment is needed for my child, I give consent for treatment to be given. I understand that every effort will be given to contact the parent/guardian prior to emergency procedures.

I give consent to Edgewood College to take photographs/videos of my child for promotional and academic use only. My child will not be identified by name in any photos.

Parent/Guardian Signature
(or participant if 18 or over)

Date