

**Great Plains Technology Center
2017 Career Connections
Medical & Photo Release**

I am the parent or legal guardian of _____ (please print full name) referred to later as "child". I am familiar with the activities of Career Connections and I hereby authorize my child's participation in the Career Connections camp dates of (please check applicable dates) ___ June 5-9, ___ June 12-16, 2017. I know of no physical, mental, emotional, or behavioral problems that will affect my child's ability to participate safely.

IN CONSIDERATION FOR BEING ACCEPTED AND ALLOWED TO PARTICIPATE IN THE ACTIVITIES OF CAREER CONNECTIONS, MY CHILD AND I PERSONALLY ASSUME RESPONSIBILITY FOR THE ACTIONS OF MY CHILD. WE AGREE TO ABIDE BY THE RULES OF CAREER CONNECTIONS AND GREAT PLAINS TECHNOLOGY CENTER AND TO RELEASE, HOLD HARMLESS, AND INDEMNIFY GREAT PLAINS TECHNOLOGY CENTER, THEIR EMPLOYEES, CONTRACTORS, OFFICERS, AND TRUSTEES FROM LOSS, INJURY, ATTORNEY FEES, AND/OR OTHER DAMAGE. I GIVE GPTC PERMISSION TO USE MY CHILD'S PHOTOGRAPHS OR VIDEOS FOR NEWS RELEASES, ADVERTISING, FLYERS, BROCHURES OR ANY OTHER MEDIA TO PROMOTE OR ADVERTISE FUTURE ACTIVITIES.

I consent to the examination and treatment of my child by a physician and/or hospital emergency room personnel; I also understand that neither the Career Connections camp, Great Plains Technology Center, nor anyone connected with them will assume responsibility for payment of any medical, dental, or other expenses incurred as a result of sickness and/or injury.

PLEASE NOTE: OUR STAFF CANNOT ADMINISTER ANY MEDICATIONS, NON-PRESCRIPTION OR PRESCRIPTION, OR PROVIDE OTHER CARE. This agreement shall be governed by Oklahoma law. This form represents the entire agreement of the parties on the subject.

My child takes the following medication: _____.

(Optional) My child's social security number is: _____.

(Optional) My child's date of birth is: _____.

Signature of Parent or Legal Guardian	Printed Name	Date
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Street	City	State	Zip Code	Telephone number(s)
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Primary Emergency Contact Name	Relation	Telephone number(s)
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Secondary Emergency Contact Name	Relation	Telephone number(s)
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Medical Insurance Company Numbers	Subscriber's Name	Policy/Group/ID
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MANDATORY MEDICAL STATEMENT: My child _____ is in good health and is physically and mentally able to participate in the Career Connections camp. Participation will not pose a threat to him/her or to those around him/her. He/She does not have any injury or illness that will prohibit this activity. **Any special comments, known food, drug, or other allergies are noted by a separate signed sheet attached to this form.**

Parent / Guardian Signature	Printed Name	Date
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