

University of Iowa Summer Journalism Workshops For High School Students

Emergency Contact and Liability

People to Contact in an Emergency

Name: _____ Phone: _____

Name: _____ Phone: _____

Release of Liability

In consideration of the High School Journalism Student Workshops of the University of Iowa granting the student permission to participate in the High School Journalism Workshop activity, as a parent or guardian I do hereby agree to the following:

The undersigned realizes that participation in program activities involves some risks and dangers which must be shared by both the University and the student and parents. I release the Iowa State Board of Regents, the University of Iowa, the High School Journalism Student Workshops and their offices, employees, and agents, and all instructors and all participants in said High School Journalism Student Workshops program from all liability, including claims and suits at law or in equity, or injury, fatal or otherwise, which may result from the student taking part in High School Journalism Student Workshop activities.

The undersigned agrees that his/her child will comply with all program rules, instructions and directions from staff members of the program, and assumes the risk and responsibility for any consequent expenses, property damage or personal injury arising from his/her child's failure to comply with those rules, instructions and directions. In compliance with program rules, the undersigned agrees to the release of Workshops student performance records to appropriate school personnel and guardians.

It is agreed that if any damage, injury or illness occurs, it is understood that the undersigned has personal property, health and accident insurance, or the equivalent, and that such insurance coverage will first bear the financial burden of any claim or costs associated with loss, damage, injury, or accident, prior to any claim being made against the University of Iowa. You agree that any and all claims will first be submitted to the undersigned's personal insurer for payment, and agree to waive all rights of subrogation against the University for any claims paid under such insurance.

In signing this release of claims, I hereby acknowledge and represent: (a) That I have read this document in its entirety, understand it, and sign it voluntarily, (b) That I am of legal age, and (c) That this release of claims is a contract between these parties and its terms are contractual and not a mere recital.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Student's Signature: _____

Student's Address: _____

City/State/Zip: _____

The release and treatment authorization must be signed by a parent or guardian if student is under 18 years old and will remain under 18 years old through the end of the program. Students who are 18 years old or will become 18 years old before the end of the program must also sign. In order for students to participate in program activities, we must have this form.

Return form with registration material: Summer Journalism Workshops; 100 Adler Journalism Building, Room E346
University of Iowa; Iowa City, IA 52242-2004

University of Iowa Summer Journalism Workshops For High School Students

Medical and Insurance Information

You must complete this form and return it to the address listed or you will not be allowed to attend the Workshops. If you do not have sufficient time to send the form before you come to campus, you MUST bring the completed form with you or you will not be allowed to stay.

Name of Participant: _____
Last First Middle

Participant's Social Security Number: _____ Date of Birth: _____ Gender: F / M (*circle one*)

Significant Health History - List any previous and present health problems and dates of occurrence (major illness, allergies, asthma, diabetes, etc.):

Current Medications - Identify if accommodations should be made to insure proper administration and storage:

Drug Sensitivities:

Date of Last Tetanus Booster:

Medical Identification - Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use?

Permission to treat, agreement to assume cost related to the treatment, and authority to disclose medical information to insurance company for the purpose of claim.

I hereby authorize and give my consent to the health authorities of The University of Iowa or any licensed health professional to perform upon or administer any reasonable, necessary treatment to

Student's name: _____

In the case of psychiatric and/or psychological emergencies, involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested. I also give permission to administer whatever anesthetic may be necessary or advisable during medical or surgical procedures. This authorization is intended to include emergency treatment, immunizations, injections, and minor operations and procedures.

I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to The University of Iowa Student Health Service and/or The University of Iowa Hospitals and Clinics. Also, I authorize the disclosure of medical information to my insurance company for the purpose of this claim. This permission is good only while the student is attending the program at the University of Iowa and only until the student has attained his/her eighteenth birthday.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Insurance Information
Policy Holder's Name: _____

Policy Number (group numbers, letters, etc.): _____

Insurance Company: _____

Insurance Company Address: _____

Other Health and Accident Coverage (Medicare, etc.): _____

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