



PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: _____

Birth date: _____

I give permission for my child (named above) to attend the Jump Start U4 College Tour with The Willie and Vivian Gaddis Foundation for KIDS, Columbus, OH.

Medical Release

I hereby authorize the **Willie and Vivian Gaddis Foundation for K.I.D.S.** tour leaders, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize **Willie and Vivian Gaddis Foundation for K.I.D.S.** The Willie and Vivian Gaddis Foundation for KIDS to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child back to the staff of The Willie and Vivian Gaddis Foundation for KIDS.

Activity Release

I give permission for my child (named above) to attend the Jump Start U4 College Tour with the **Willie and Vivian Gaddis Foundation for K.I.D.S., Columbus, OH.**

Medical Release

I hereby authorize the **Willie and Vivian Gaddis Foundation for K.I.D.S.** tour leaders, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the **Willie and Vivian Gaddis Foundation for K.I.D.S.** to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all activities sponsored by the **Willie and Vivian Gaddis Foundation for K.I.D.S.,** except as noted:

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

			<u>Phone Numbers</u>	<u>Phone Type</u> (Home, Mobile, etc.)
Name(s)				
Street Address				
City	State	Zip		
Parent(s)/Guardian(s) Email address(es)				
Email address(es)				

Other Emergency Contact(s)

Name(s)	Relationship to Participant		

Health Care Information

Participant Name: _____ Birth date: _____

Physician

Dentist

Name

Phone

Medical Insurance Company

Policy/Group Number

Name of Policy Holder

Name

Phone

Dental Insurance Company

Policy/Group Number

Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc.,

Does your child wear glasses or contacts? Yes or No

Date of last tetanus shot _____

For your child's safety and our knowledge, is your child a good, fair or non-swimmer?

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures): (Use additional sheet if necessary)

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in **Jump Start U4 College Tour** activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

We love to promote our trips so that others will learn about of the program. You have received this parental consent form to both inform you and to request your permission for you and your child's photo/image and name to be published on social media and at www.gaddis4kids.org and/or any other websites maintained, owned, and/or administrated. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes youth names, age, grade, and photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to Alethea E. Gaddis – agaddis@gaddis4kids.org and such rescission will take effect upon receipt.

Check one of the following choices:

I/We GRANT permission for this youth's photo/image and all other personal identifiers listed above to be published by **The Willie and Vivian Gaddis Foundation for K.I.D.S.** on social media and the organization's public website or any site operated by the organization.

I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be published by **The Willie and Vivian Gaddis Foundation for K.I.D.S.** on social media and the organization's public website or any site operated by the organization.

I/We DO NOT GRANT permission for photo/image that includes this youth to be published by **Willie and Vivian Gaddis Foundation for K.I.D.S.** on social media, the organization's public website or any site operated by the organization.

Please save document and email to Alethea Gaddis at agaddis@gaddis4kids.org