

Fine Arts Division - Workshops/Events Emergency Contact Form

Snow College · Ephraim, UT

Residency Participant Name: _____ Gender: Male Female
First Middle Last

Address: _____
Street Address Apt Number

City State Zip Code

Home Phone Number Cell Phone Number

Date of Birth: _____ MM/DD/YY

Parent/guardian

Name: _____
First Middle Last

Home Address: _____
(if different from above): Street Address Apt Number

City State Zip Code

Business name and address: _____

Home Phone Number Business Phone Number

Second parent/guardian

Name: _____
First Middle Last

Home Address: _____
(if different from above): Street Address Apt Number

City State Zip Code

Business name and address: _____

Home Phone Number Business Phone Number

Emergency Contact Information:

Please list an emergency contact, other than parent or guardian, who will be available to pick up child.

Name: _____

Relationship to residency participant: _____

Home Phone Number Cell Phone Number Work Phone

In the event a child needs to see a physician, Snow College cannot be responsible for transportation to and from the doctor. The custodial parent or guardian will be notified to come and transport the child, or in the case of an emergency, the child will be transported by EMT services. In this document, school property refers to instruments and equipment owned by Snow College.

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel to order X-rays, routine tests, and treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation, for me or my child. In the event my child experiences a medical emergency, and residency personnel try but fail to reach me or under the circumstances are without sufficient time to try to reach me, I hereby give permission to the physician or other medical personnel to secure and administer treatment, including hospitalization, anesthesia, surgery, and injections of medication for my child. As long as the medical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than the following:

Signature of parent or guardian Date: _____

Relationship to residency participant: _____

NAME OF PARENT OR GUARDIAN (PLEASE PRINT): _____

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Insurance Information

Is the participant covered by family medical/hospital insurance? _____

Indicate carrier or plan name _____ Group # _____

Name of insured _____ Relationship to residency participant _____

Social security number of policy holder or insurance ID number _____

Please submit a copy – front and back of your health insurance card.

Does your child have a Behavior Intervention Plan (BIP) at his/her school? Yes No

Does your child take medication for behavior issues during the school year? Yes No

If yes, will he/she be taking this medication at the residency? If yes, please explain below. Yes No

Does your child have health problems? Yes No

If yes, please explain: _____

Please list special diet/food allergies: _____

Allergies:

Hay Fever Penicillin Drugs Insect Bites

Nuts: what kind _____ Asthma Food Other

Please provide additional specific details _____

PLEASE NOTE: Any accidents and illnesses must be reported to Snow College staff before the participant leaves the school each day. The residency participant is not allowed to possess any type of medicine on schonds unless he or she has a letter of explanation. Please note the medication must be in the original prescription container/bottle with the name and an explanation note from the prescribing physician. Over the counter medication should be brought in the original container with a parent note of explanation. All explanation notes and medicines should remain with the residency participant at all times. Snow College is not responsible for monitoring and dispensing medication.

PARENT/GUARDIAN AUTHORIZATION: The residency participant described has permission to engage in all residency activities except as noted by me in a separate letter (to be submitted with application). The residency participant and his/her parent/guardian agree to abide by the rules and regulations set up by Snow College for health, safety and welfare of the residency. The following violations of residency rules will result in immediate dismissal without refund of fees:

- 1) Leaving Snow College without permission.
- 2) Willful destruction of school property.
- 3) Use of drugs and/or alcoholic beverages.
- 4) Fighting and/or continued insubordinate behavior resulting in disrupting of the residency program.

Parent/Guardian Signature _____ Date _____

Residency Participant Signature _____ Date _____

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Consent Form

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CONSENT FORM

All scheduled activities (both on & off campus) are closely supervised. Please check yes or no for each statement, and sign at bottom of page.

• I give permission for my child's name, picture, or video clips taken of my son/daughter to be used in Snow College publicity or publications.

Yes No

• I understand that I am responsible and financially liable for the medical care of my child. In case of an emergency and I cannot be notified, the school has permission to seek medical attention for my child.

Yes No

• I agree that I will not hold Snow College responsible for any accidents, injuries or other harm occurring to my child during the residency.

Yes No

Parent Printed Name: _____

Signature Parent/Guardian: _____ Date: _____

Completed emergency contact and consent forms must be received **15 days before the workshop/event**. Mail to:

Snow College Music Dept.
150 College Ave.
Ephraim, UT 84627

Questions? Please contact Snow College Music Department at (435) 283-7472.

Parent/Guardian (Printed) _____

Parent/Guardian (Signature) _____ Date _____