



# Continuing & Community Education

Bradenton 941-752-5203

Lakewood Ranch 941-363-7000

Venice 941-408-1412

SCF.edu/CCD

## EMERGENCY MEDICAL RELEASE

The Corporate & Community Development Department of SCF requires that an Emergency Medical Release form be signed for each child attending Corporate & Community Development programs. **The parent or legal guardian of the child must sign the form.**

Student's name \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

Parent or guardian \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Dates attending SCF \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any medical problems of which we should be aware?  Yes  No

If yes, explain \_\_\_\_\_

List any drugs your child is allergic or sensitive to \_\_\_\_\_

List any medications your child is currently taking \_\_\_\_\_

List any bites or stings your child is allergic or reactive to \_\_\_\_\_

List any special needs your child might have \_\_\_\_\_

I hereby grant permission for \_\_\_\_\_ to drop off \_\_\_\_\_

or pick up \_\_\_\_\_ in my absence.

NOTE: Any child experiencing cold or flu symptoms such as coughing, sneezing, fever, vomiting or diarrhea should not attend KSS, as they will be sent home. Also, students participating in KSS programs are subject to the SCF Student Code of Conduct, available at SCF.edu/Catalog. Failure to comply may result in withdrawal from the program without a refund.

In an emergency requiring medical attention, I authorize the representatives of SCF to obtain and give consent to administration of whatever treatment is deemed necessary, including but not limited to the administration of an anesthetic and surgery. I do hereby release SCF and its representatives from any and all claims that may arise from said representatives obtaining and consenting to medical treatment. I also authorize minor first aid as needed for my child.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return this form to Corporate & Community Development, State College of Florida, P.O. Box 1849, Bradenton, FL 34206

# STATE COLLEGE OF FLORIDA, MANATEE-SARASOTA

5840 26th Street West, Bradenton, FL 34207  
8000 S. Tamiami Trail, Venice, FL 34293  
7131 Professional Pkwy. E, Sarasota, FL 34240

941-752-5000  
941-408-1300  
941-363-7000

## RELEASE FOR PHOTOGRAPH/VIDEO/VOICE USE

I hereby grant State College of Florida, their legal representatives and assigns, the right and permission to publish, without charge, and use photographic pictures, broadcast video or filmed footage, including audio, during \_\_\_\_\_.

The pictures/video/audio also may be used in any medium for purposes of editorial use, advertising, display, reproduction or publication in any other manner. I hereby warrant that I (or the undersigned parent/guardian) am over 18 years of age and am competent to contract in my own name insofar as the above is concerned.

Please print name of model/student \_\_\_\_\_

If minor, please print name of guardian \_\_\_\_\_

Signature of model/student (guardian if minor) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

e-mail (optional) \_\_\_\_\_