

## Discover the World of Communication Emergency Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Please list two emergency contact numbers, in order of preference. Please indicate at least one person, other than parents/guardians, who can be reached during the day and at least one person who can be reached during nights and weekends.

_____	_____	_____	_____
<i>Name #1</i>	<i>Relationship to student</i>	<i>Day/Cell phone</i>	<i>Evening phone</i>

_____	_____	_____	_____
<i>Name #2</i>	<i>Relationship to student</i>	<i>Day/Cell phone</i>	<i>Evening phone</i>

### HEALTH INSURANCE INFORMATION

_____	_____
<i>Subscriber's Name</i>	<i>Employer</i>

_____	_____	_____
<i>Social Security Number</i>	<i>Policy Number/ID Number</i>	<i>Group Number (if applicable)</i>

_____	_____
<i>Insurance Carrier (i.e. Blue Cross/Blue Shield)</i>	<i>Type of Coverage (i.e. HMO, PPO, etc.)</i>

Please use this space to list any medications, health problems, medical information or special dietary or other concerns we should be aware of.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT** (This section must be signed by parent or legal guardian and cannot be altered.)

**Emergency Care Authorization**

In the event that I cannot be reached with reasonable effort, I hereby authorize by my signature any licensed physician or licensed health care professional selected by the administrators of the Discover the World of Communication Program to secure appropriate treatment for, give injections, administer anesthesia, perform surgery, and/or do any other procedure which, in his/her opinion, is reasonably necessary in light of the condition of the named student.

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*Name of student*

*Signature of parent or legal guardian*

*Date*

**STUDENT AGREEMENT** (This section must be signed by enrolling student.)

My signature below indicates that I have read and understand the section on community guidelines below and that I am willing to abide by the rules in order to remain enrolled in the program.

- Use, possession, or distribution of drugs, alcohol, or tobacco is prohibited. This includes misuse of prescription or over-the-counter medication.
- Use, possession, or distribution of weapons or any violence or threat of violence including hazing and harassment, is prohibited.
- Students must adhere to the no visitation policy governing single-gender spaces within the residence halls.

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*Name of student*

*Signature of student*

*Date*

**Permission to Participate**

I give my full consent and permission for my child to participate in all co-curricular, extra-curricular, recreational, and athletic activities offered by the Discover the World of Communication Program, and I represent that my child's physician has provided him/her with medical clearance to participate in all these activities. I also represent that my child has not been advised by a health care provider that he or she should not participate in physical or other activities offered by the Discover the World of Communication Program, except as already disclosed to the Discover the World of Communication Program in writing. I represent I will inform the Discover the World of Communication Program immediately if the aforementioned statements are no longer accurate.

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*Name of student*

*Signature of student*

*Date*