



COLLEGE FOR KIDS 2018 EMERGENCY CONTACT INFO

EMERGENCY CONTACT INFO

Last Name _____ First _____ Date of Birth _____

Parent / Guardian Name _____ Relationship _____

Phone Number _____ Alternate Phone _____

Authorized for pick up _____ Relationship _____

Phone Number _____ Alternate Phone _____

In the event of illness, accident, or minor injury, I authorize that first aid be administered by a person qualified to render such service. In the event that I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and will be informed that their name(s) have been used on this card. Please list someone who can be reached immediately, DO NOT list parents in the space below.

Name _____ Relationship _____ Phone _____

Are there any medical or health related conditions regarding your child that we should be informed of?

PHOTO RELEASE FORM

I do do not , hereby, give the West Valley College for Kids program permission to utilize photographs, video, or audio of my child for the college's educational or promotional material.

I do do not , hereby, release to the West Valley-Mission Community College District all rights to exhibit this work publicly or privately, including posting it on the college district's website. I waive any rights, claims or interest I may have to control the use of the material and agree that any uses described herein may be made without compensation or additional consideration of me; thereby waiving any right to inspect or approve the finished photograph or advertising copy for the eventual use that it might be applied.

I represent that I have read and understand the foregoing statement and am competent to execute this agreement.

I, hereby, certify that I am the parent and/or guardian of _____.

Parent / Guardian Name (Print) _____

Signature _____