# MEDICAL RELEASE FORM

SCHOOL NAME: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

PARENT/GUARDIAN: _____ RELATIONSHIP: _____

CELLPHONE: _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE: _____

IF PARENTS CANNOT BE REACHED, CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

LIST IMPORTANT MEDICAL INFORMATION AND/OR HEALTH CONCERNS:

_____

_____

_____

MEDICAL INSURANCE COMPANY: _____ I.D. OR GROUP NUMBER: _____

I confirm that the information on this medical release form is valid to the best of my knowledge. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the workshop director to hospitalize, to secure proper treatment, or to order injection, anesthesia or surgery for my child as named above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

# STUDENT CONTRACT

My signature verifies that I understand the conditions of my participation in the Gloria Shields/NSPA Media Workshop. Failure to comply with any of these conditions will result in immediate termination of my participation in the workshop and a loss of all workshop fees paid.

1. I may not have in my possession or consume any alcoholic beverages, controlled substances or possess illegal weapons.
2. I must not damage or destroy any property used in conjunction with the Gloria Shields/NSPA Media Workshop. I understand my guardian and I will be responsible for any damages I incur.
3. I must not be involved in any type of vandalism, or be the cause of vandalism of anything that is related to the workshop, hotel or anything in conjunction with the Gloria Shields/NSPA Media Workshop.
4. I will not hold the Gloria Shields/NSPA Media Workshop responsible for any lost or stolen articles.
5. I will refrain from using vulgar, inappropriate language or behavior, or participating in gang activities during the workshop.
6. I will abide by any decision made by the workshop director and/or committee of the Gloria Shields/NSPA Media Workshop.
7. I grant the Gloria Shields/NSPA Media Workshop permission to reproduce my photograph in promotional materials.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

Each student attending the Gloria Shields/NSPA Media Workshop is required to complete this form and email it to register@studentpress.org or turn it in when they check in for the workshop.