STUDENT MEDICAL INFORMATION
MILLIGAN COLLEGE FINE ARTS SUMMER ACADEMY

This form must be completed and signed by the student's legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while conference is in session. This form will be returned to you if it is incomplete. Please type or print in black ink. Form must be completed and submitted by start of academy.

STUDENT INFORMATION

Name ____ Date of Birth _____________ Sex ______

____
Address City ST Zip

Home Phone ___________________________________ Cell Phone _______________________________

MEDICAL EMERGENCY CONTACT INFORMATION

Person to contact first:

Name ___________________________________

Relation to student _________________________

Daytime phone _________________________

Evening phone _________________________

Cell phone _________________________

Backup contact (relative or friend):

Name___________________________________

Relation to student _________________________

Daytime phone _________________________

Evening phone _________________________

Cell Phone _________________________

INSURANCE POLICY INFORMATION

The above named person is covered by health insurance ☐ No ☐ Yes *(provide the following required information)*

Policy Holder's (P.H.) Name __________________________________ P.H.'s Date of Birth _____________

Address ____ Relation to Student ______________

City/ST/Zip ____ Occupation ____________________

Policy Holder's Employer ____

Employer Address ____

Insurance Co. Name ____

Insurance Co. Address ____

Policy # ___________________________________ Plan # ______________________________________

MEDICAL TREATMENT CONSENT:

I, the above-named person, authorize the Arts Academy staff to seek medical treatment for my student as they see necessary at a local healthcare facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provided during the conference. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Arts Academy staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named participant. I accept responsibility for payment of all services rendered; I authorize any medical facility that renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Arts Academy staff will make a good faith effort to reach the student's emergency contacts before seeking treatment. If this is not possible, I understand that the Academy staff will notify me or my designee as soon as possible of any and all diagnoses and treatments.

____
Legal Guardian's Signature Print Name Date

MILLIGAN COLLEGE SUMMER FINE ARTS ACADEMY
MEDICAL HISTORY

Directions: Completion of this form by a parent or guardian is required before a student can enter the Summer Arts Academy at Milligan. Please answer all questions. **Incomplete forms will be returned to you for the missing information.** Please type or print in black ink. Attach any specific recommendations from your physician to this form.

Student's Name

____

Student's Physician Information

Physician's Name ____

Address ____

City ________________________________ ST ________________ Zip ____________

Medications that student is currently taking: **None**

Please list medications and reason for taking:

1. ____

2. ____**(**
Please list additional medications on the back of this form)

Will student require any specific treatment for a medical/emotional condition while participating in the conference? ____ Yes ____ No

If yes, please explain

____

Does student currently have any of the following:

Drug allergies: None ____

Food allergies: None ____

Allergies to insect bites: None ____

Special dietary needs: None ____

Asthma: None ____

Frequent headaches: None ____

Dizziness or seizures: None ____

Past hospitalization: None ____

Swimming limitations: None ____

Please list any other physical limitations and other health problems or information:

____

Please note: Our staff cannot administer any medications, prescription or non-prescription to students. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the student will need to take medications while attending our program, s/he must bring the medication to the conference and assume responsibility for taking it as needed or indicated.

MILLIGAN COLLEGE SUMMER FINE ARTS ACADEMY

Permission and Release Agreements

Student's Name ___________________________________

Transportation Release
My son/daughter (name given above) has my permission to travel with the Summer Arts Academy. I understand that he/she will be traveling in a private car, a Milligan College van, or rented van. I release the Summer Arts Academy and Milligan College, its staff and adult volunteers from liability in case of accident. I give my permission for trip leaders to take my student to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery and will assume the responsibility for all medical bills, if any. I understand that I will be contacted if at all possible and that our family physician will be contacted if possible. But, in the event that he/she cannot be reached, the trip leader may choose a reputable physician.

Photo Release
I give my permission for my student's picture to be used (no names will be attached) on the Milligan College website or other printed materials.

Release and Hold Harmless Agreement
We ask the person attending the conference and his/her parents to accept responsibility and assume all risk connected with attending the Summer Arts Academy. We release MILLIGAN COLLEGE from any and all claims, liability, and/or causes of action which we might have growing out of, arising from, or connected with attendance of the Summer Arts Academy, and agree to hold harmless Milligan College from any liability which might arise from our attendance of the Academy, whether said liability is to us or to some third person who might have a claim, right, or cause of action arising from, growing out of, or related to our attendance of the Summer Arts Academy.

Signed this _____________ day of ____________________, 20_____.

___________________________________ ___________________________________
Parent/Legal Guardian Address

___________________________________ ___________________________________
Phone Number City ST Zip

PLEASE return these completed forms by E-MAIL or bring to REGISTRATION:
Summer Arts Academy
PO Box 750, Milligan College TN 37682
artsacademy@milligan.edu