PNCA
Pacific Northwest College of Art

YOUTH PROGRAM MEDICAL RELEASE FORM

Semester: ❑Fall ❑Winter ❑Spring ❑Summer YEAR_____

Class Title: _____

Today's Date: _____

This form must be completed in its entirety before the student is allowed to attend class.

NAME:_____ SEX: ❑M ❑F

Address:_____ City:_____ Zip:_____

Phone:_____ Age:_____ Birth date:_____/_____/_____

School:_____ Grade:_____

Parent's Name:_____ Phone (day)_____(eve)_____

Email Address:_____

Alternate Contact: _____ Phone: _____

Please read and note the following:

• I give consent and authorize Pacific Northwest College of Art to use my child's name, photograph, digital video image and/or artwork for education and public relations purposes. PNCA strictly restricts such uses to its own program affairs. It does not share with nor sells to another party student names, contact information, or image documentation. By initialing the following you permit PNCA to publish your child's image to Flickr, YouTube, and other PNCA based websites. (Please note: Childs full name will NOT be used.)
❑Yes ❑No

• I give permission for my child to participate in field trips organized by the Pacific Northwest College of Art.
❑Yes ❑No

• Ages 16-18 only: I give permission for my son/daughter to work from the human form (nude male/female models.) This must be marked for students attending the Pre-College Studios.
❑Yes ❑No

Mandatory Medical Information
Please check if your child/teen is subject to any of the following:

❑ADD/ADHD ❑Asthma ❑Depression ❑Diabetes ❑Fainting ❑Hearing loss

❑Sight Loss ❑Heart trouble ❑Seizure disorder ❑other (please explain)_____

List any medications and describe the medical condition.

List any allergies to food, insects, medication, etc. Describe allergic reactions and their severity.

Physician's name: _____ Phone: _____

Mandatory Medical Information (Continued)

Describe any mental or emotional challenges.

Describe any behavioral issues that might pose a challenge to group learning (please be specific).

Is there any additional information you would like us to know about your child?

Will your child need medication administered while on campus? If so, do you authorize a Youth Program Staff member to administer medication to your child? ❑Yes ❑No

Please read carefully the following and initial.

Should any injury occur during or as a result of participation in any Pacific Northwest College of Art class, workshop, camp or program I agree to indemnify and hold harmless PNCA and all its employees, staff, instructors, and volunteers connected with the Pacific Northwest College of Art.
Initials _____

My child/teen has my permission to participate in all session and field trip activities. In case of emergency, I hereby request and authorize any physician, hospital and healthcare provider to provide medical treatment promptly for my child whether or not I am contacted and informed.
Initials _____

For a child/teen requiring medication: Designated PCNA staff will dispense medication under physician's orders. Under statue ORS 30.800 and 30.807 (Good Sam Act), all medications must be in a prescription container clearly labeled with child's name, type of medication, dosage, and times to administer medication to my above named child in the manner described by the physician's orders.
Initials _____

For a child/teen requiring injections: Generally PNCA staff and instructors are not trained to administer injections or other medical procedures. PNCA policy allows individual staff and instructors to voluntarily act under the statutes ORS 30.800 and 30.807 and administer requested injections or other medical procedures, should they individually choose to do so on a case- by-case basis. Instructions as to requested injections or medical procedures must be provided by the physician. I request PNCA to inquire whether there are staff or instructors who are willing to consider acting under statute ORS 30.800 or 30.807 on a case-by-case basis should my above name child need an emergency injection or other medical procedure in the manner described in the physician's orders. PNCA cannot guarantee that it will find willing staff or instructors to act under the statutes ORS 30.800 or 30.807 or that such staff or instructors will so act in every case.
Initials _____

_____

Signature of Parent/Legal Guardian Date