Student Release Authorization

Michigan State University is authorized to release my student to the following individuals:

_________________________  ___________  ___________
(Name)  (Relationship)  (Phone)

_________________________  ___________  ___________
(Name)  (Relationship)  (Phone)

_________________________  ___________  ___________
(Name)  (Relationship)  (Phone)

If you have questions or concerns, please contact:

Mr. Luis Donado
Summer Program Coordinator
Michigan State University
College of Engineering
3200 Engineering Building
East Lansing, MI 48824
517-353-7282 (phone)
517-432-4879 (fax)
Program ___________________________ Dates Attending _______________________

MEDICAL TREATMENT AUTHORIZATION FOR MICHIGAN STATE UNIVERSITY
Your child will be involved in a Michigan State University program on the above date(s). This form must be completed and signed by a parent or guardian to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Participant's full legal name: ___________________________ Birth date: ____________
Last First M.I.
Parent phone: day ( ) ____________ evening: ( ) ____________
Mailing Address: ____________________________ Primary care physician's name: ____________
______________________________________________ Physician's phone: ____________________________
______________________________________________ Physician's address: ____________________________

HEALTH INSURANCE INFORMATION:
Policy holder's name and relationship to participant ____________________________
Policy holder's address:

Please attach a photocopy of both sides of your insurance card OR complete the information requested below.
Insurance company name and address: ____________________________
Insurance company phone number: (____) ____________
All policy numbers (please identify): ____________

If you have HMO insurance, please list the emergency treatment authorization phone number: (____) ____________
Employer's name and address: Business phone (____) ____________

INFORMATION NEEDED ABOUT PARTICIPANT: Please check yes or no. If yes, explain below or on another sheet if you need more room.

YES NO
Does the participant have any chronic health problem or illness? ______
Does he or she have any acute illness now? ______
Has the person been treated recently for some medical problem? ______
Does he or she have any allergies? ______
Does he or she have any allergies to medication or local anesthetics? ______

If yes to any above, please provide detail. __________________________________________

Date of his or her last tetanus shot ____________________________
List any medications he or she is now taking for treatment of any medical problem. __________________________________________

OFFICIAL AUTHORIZATION FOLLOWS:
I (parent or legal guardian), ____________________________, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that the program director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

__________________________________________
Signature of Parent/Guardian or of participant aged 18 and up

Date
MICHIGAN STATE UNIVERSITY MEDIA RELEASE FORM

Participants in MSU-sponsored programs and activities may be photographed and videotaped for use in MSU promotional and educational materials. The participants are not identified by name in the materials.

I authorize MSU to record the image and voice of the subject named below and I give MSU, and all those acting with MSU’s approval, all rights to use these images and voice recordings. I understand that such images and/or recordings may be used for educational and promotional purposes. This authority extends to all conventional and electronic media, including the Internet and any future media, and to any printed material.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any manner without compensation or liability, in perpetuity.

Print subject's name: ________________________________

Signature of Parent/Guardian of minor participant or of participant aged 18 and up:

_________________________________________ Date: ___________

_________________________________________ Date: ___________
I grant permission for (print participant’s name) ____________________________ to participate in all educational and social activities of the following MSU program or activity:

Program name: ___________________________________________________________

Program dates: __________________________________________________________

MSU unit/department: ____________________________________________________

I understand that sessions may entail field trips and/or campus facility tours. I also understand that participants may engage in athletic or other recreational activities that have special risks.

I have read the session descriptions and approve of my child’s selections. I accept any risks associated with the assigned sessions and selected recreational activities.

I understand that my child has a role to play as regards his or her safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

(Please print):

(Parent or legal guardian)

Signature: ___________________________ Date: ____________________