



# Medical Information and Photo Release Form (form #1)

## Section 1: General Student Information

Student First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Birth date \_\_\_\_\_  
 Ethnicity (for statistical purposes only): African American/ Black Asian Pacific Islander  
 Caucasian/White American Indian Alaska Native Hispanic/Latino Other \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Student Cell \_\_\_\_\_ Student Email \_\_\_\_\_  
 High School \_\_\_\_\_ Current Grade: 9th 10th 11th 12th

## Section 2: Emergency Contact Information

**Primary Contact:** Parent/Guardian Name \_\_\_\_\_ Student lives with this adult

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

If Primary Contact is not available, in an emergency notify:

**Secondary Contact #1:** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Secondary Contact #2:** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Section 3: Medical Information

Are you taking any prescription medications Yes No \*Please note: Students will self administer medication

If you are taking any medications, please list them below

	Medication	Medication	Medication	Medication
Name:				
Dose:				
Purpose:				
Controlled?				

Do you have any allergies (insects, food, medication, etc)? Please list: \_\_\_\_\_

Are you on a: IEP or 504 plan

Do you have a history of: ADD/ADHD Asthma Autism Spectrum Convulsions or Epilepsy Diabetes  
 Emotional/Behavioral Medical Disability Deaf/ Hard of Hearing Physical Impairment  
 Blindness/Low Vision Learning Difficulties Speech/Language Difficulties  
 Other/Please describe \_\_\_\_\_

Please use the space below to detail any other health problems or special needs that would affect your ability to participate in any part of the program (including physical activity), as well as any special accommodations that may be needed: \_\_\_\_\_

Are you covered by medical insurance? \_\_\_\_\_ (If not, please contact Business Week for an insurance waiver)

Specific Company \_\_\_\_\_ Group Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy/Member Number \_\_\_\_\_

Primary Physician's name \_\_\_\_\_ Phone Number \_\_\_\_\_

\*Please continue form on back

**Section 4: Agreement and Consent for Treatment and Waiver of Liability**

Should the student named herein require medical treatment or hospitalization for any accident or illness during Alaska Business Week, the attending physician and/or hospital is authorized to release such diagnostic and treatment information as may be needed to complete any insurance claim. It is agreed that any and all medical expenses incurred by the student for accidents or illnesses occurring during Alaska Business Week are not the responsibility of Alaska Business Week or the host university.

\_\_\_\_\_ Parent/Guardian Initials

In addition, this is to certify that I, the undersigned parent/guardian, hereby consent to and authorize the administration and performance of all needed medicines (and surgical treatment) and the administration of any anesthetic which in the opinion of the attending physician may be necessary and advisable in the event of any medical emergencies regarding the named students. As the undersigned parent/guardian, I hereby authorize the administration of over-the-counter medications (i.e. aspirin, tylenol, antacids, ibuprofen, cough drops, etc.) by Alaska Business Week staff to the student named herein.

\_\_\_\_\_ Parent/Guardian Initials

I, the parent/guardian of the above named student do hereby agree to release and hold harmless Alaska Business Week, the Alaska State Chamber of Commerce (D.B.A. Alaska Chamber), and their partners Alaska Pacific University and the Foundation for Private Enterprise Education (D.B.A.. Washington Business Week), against any and all actions, claims, costs, losses, expenses and/or damages, including attorney's fees, arising out of or resulting from my child's attendance at the Alaska Business Week program, except due to a party's sole gross negligence or willful misconduct.

\_\_\_\_\_ Parent/Guardian Initials

**Section 5: Photo Release**

The undersigned hereby releases any photos, videos, or likenesses of the participant named in this form taken by Alaska Business Week, to be used for promotional and publication materials. Alaska Business Week does not attach names to photos without permission.

*By signing below, I am indicating that have read all the provisions of this form, understand them, and agree to them.*

Student Name \_\_\_\_\_  
(Print) (Signature)

Parent/Guardian Name \_\_\_\_\_  
(Print) (Signature)

Date Signed \_\_\_\_\_

**Please fill out this form in its entirety and submit via email or mail (information below)**

\*We cannot admit any student to Alaska Business Week without this completed form with correct information. Our insurance carrier and our program require we have this information. We must ensure proper medical treatment can be made available to all participating students in case of emergencies. Thank you



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