

Participant Information Sheet – Kids to College

All of the information on this form is confidential and for use only by North Shore Community College in the event of an emergency. This information may be shared with college staff when appropriate in accordance with Family Educational Rights and Privacy Act (FERPA) guidelines.

Name _____ Date of Birth _____
Address _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Parent/Legal Guardian: _____
Address (if different) _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Languages spoken in home _____
Daytime phone number: _____ Evening phone number: _____
Cell phone number: _____
Person to contact if parent/guardian cannot be reached in case of emergency:
Name: _____ Phone #: _____
Relationship to parent/guardian: _____

Pertinent Medical Information

Does your child have any known allergies? ____ Yes ____ No
If so, please explain _____
Does your child have a medical condition which might necessitate an emergency? ____ Yes ____ No
If so, please explain _____

Are there any other conditions or limitations which require special attention? ____ Yes ____ No
If so, please explain _____

Emergency Medical Information and Release

Name of Doctor/Primary Care Physician: _____
Address: _____ Phone#: _____
City: _____ State: _____ Zip: _____
Medical Insurance/HMO Provider: _____ Group#: _____ Employee ID: _____

In case of illness, injury or accident that requires immediate medical attention, I give consent for any member of North Shore Community College's Youth Education Staff to call 911 or obtain necessary emergency treatment. I further consent to the signing of any releases by Program staff which may be required by any medical care provider or hospital. I understand that in the event of an emergency medical situation I will be notified as soon as possible.

I further understand that the cost of any medical care deemed necessary for the treatment of an emergency illness, injury, or accident that occurs while my child is attending the Program is my responsibility, and that the Program, North Shore Community College, and the Massachusetts Board of Higher Education, their members individually and their officers, agents and employees are not obligated to pay for such medical care.

With my signature below I hereby release and forever discharge the Program, North Shore Community College, and the Massachusetts Board of Higher Education, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action that I might have arising from or by reason of my child's participation in this Program.

Name of Parent/Guardian

Signature

Date

Any questions or concerns should be directed to the administrator on duty.
At any other time call Trish Walker at (978) 236-1232 or (978) 857-6078.

