



EMERGENCY INFORMATION AND PHOTO CONSENT

If you have any medical conditions we should be aware of, please indicate below. All information provided is confidential.

On occasion, emergency care decisions have to be made for individuals on the premises. Please provide a local contact name and number for our use should an emergency arise.

Emergency Contact Name: _____

Emergency Contact Telephone: _____

CHECK ONE:

I give my permission and consent to be photographed during OIC activities. I further give permission and consent for OIC to publish and use such photographs to illustrate and promote the OIC experience and programs.

I **DO NOT** give my permission and consent to be photographed during OIC activities.

STUDENT NAME: _____ **DATE:** _____

STUDENT SIGNATURE: _____



If you are under 18, an additional signature of a parent or guardian is required to allow medical treatment, if necessary, while in our facility.

PARENT/GUARDIAN NAME: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____