

STUDENT MEDICAL RELEASE FORM

**** Photocopy one per student and return.**



The JOSTENS REPRESENTATIVES who sponsor the workshop and the Auburn University Hotel and Conference Center, which provides the facilities, take every reasonable precaution to ensure a safe, fun, and beneficial experience for your student. Responsibility for individual conduct, however, must ultimately lie with the individual. We request your assistance in this area by reminding your student of his/her responsibility to behave in an appropriate manner during the seminar. Each student is provided with a copy of the rules of conduct at the workshop and is expected to abide by them. Infraction of the rules may result in immediate dismissal from the workshop WITHOUT REFUND of fees. No student will be allowed to attend without this form appropriately signed.

I _____ (parent/guardian name), hereby grant permission for

(student name), a student at

(school name),

to attend Jostens Summer Workshop with the understanding that the student named above shall be completely responsible for his/her conduct, and I further agree that neither the school (or its representative) nor Jostens (or its representatives) shall be held liable for injury or other harm to said student resulting from his/her misconduct (horseplay, illegal use of drugs or alcohol, any other illegal or antisocial acts), the misconduct of others, malicious or otherwise, acts of God, his/her voluntary participation in normally safe activities (i.e. sports, games), or travel to or from the workshop.

I, _____, parent or legal guardian, give permission for on-site personnel to administer, if necessary, emergency medical treatment to,

(student name) while he/she is attending Jostens Summer Workshop June 20-22, 2018.

My child is covered with health insurance by: _____ Co. Contract # _____

Any known allergies or special medical problems:

In case of emergency, please notify:

Name _____

Phone _____

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____

Each school can send their completed Medical Release Forms to the following address prior to the workshop or bring them with you to registration:

Jostens Summer Workshop
821 Lee Road 980
Smiths Station, AL 36877