

South Carolina AHEC

RELEASE FORM

** Asterisks indicates parent/legal guardian's signature required if applicant is under age 21*

Applicant's Name: _____

Social Security # _____ - _____ - _____ (Full SSN must be given in order to consider application complete.)

HEALTH HISTORY

Allergies _____ Insect stings _____

Drugs _____

Other conditions: ☐ Heart condition ☐ Diabetes ☐ Asthma
 ☐ Frequent stomach upset ☐ Epilepsy ☐ Glasses or contacts
 ☐ Hay fever ☐ Hearing aids ☐ Frequent colds
 ☐ Physical handicap ☐ Pregnancy ☐ Activity restrictions

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions):

Name, dosage, and schedule of medications that must be taken:

Date of last tetanus shot _____ Given by _____

INSURANCE

The insurance provided by the South Carolina AHEC insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while I/my child am/is participating in an AHEC-related activity or trip. I assume all responsibility of all medical bills.

Insurance Carrier: _____ Policy Number: _____

Policy Holder's Name: _____

I accept these terms. Initials* _____ Date _____

In the event I am unable to provide information during an emergency, I hereby give permission to the medical professional selected by the South Carolina AHEC leadership to secure proper treatment, including but not limited to: medical evaluation, medical injection, anesthesia, surgery, and hospitalization for me/my child as deemed necessary.

I accept these terms. Initials* _____ Date _____

MEDIA

By signing below I give explicit permission for the South Carolina AHEC, MUSC College of Nursing, College of Dental Medicine, College of Medicine, College of Health Professions, Library, and South Carolina College of Pharmacy to use my/my child's likeness or image. Uses include, but are not limited to: photography, videotape, organizational web site or print media.

I accept these terms. Initials* _____

Date _____

LIABILITY

I have read and understand this form. I certify that I am the above named student, or that the above named student is my child (or under my legal guardianship) and resides with me if under age 21. I give my consent to him/her/self to attend and participate in activities, functions and trips sponsored by the South Carolina AHEC. I assume all transportation costs, should it be necessary for my/my child to return home due to medical or disciplinary actions.

I accept these terms. Initials* _____

Date _____

I do hereby release, forever discharge, and agree to hold harmless the South Carolina AHEC, its staff, faculty, chaperones and volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any natures whatsoever which may be incurred while participating in any activity or trip. I assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein by my child. I understand by my signature that this form is both a binding medical and liability release.

Applicant's Signature: _____ Date _____

Parent/Legal Guardian Signature: _____ Date _____
(if under age 21)