Permission for Educational Talent Search Personnel To Seek Medical/Dental Services

I hereby give my consent for Educational Talent Search (ETS) personnel to select and secure medical/dental services, as ETS personnel deem prudent and necessary for the health and safety of my student while he/she is a participant in an ETS event. Medical services may include but are not restricted to outpatient treatment, emergency hospitalization, anesthesia, surgery, injections, and/or prescription drugs.

I understand that insurance contracted by ETS will cover the cost of treating my son/daughter for illnesses and accidents (**up to** **$1000**) occurring while engaged in program activities to the extent covered by the ETS insurance policy.

I understand that illnesses or accidents that are the result of a pre-existing condition or self-inflicted injury are excluded from ETS insurance coverage. In the case of an illness or accident that is the result of a pre-existing condition or self-inflicted injury, I will assume full responsibility for cost of treatment of my student.

I ask that billing and necessary diagnostic information/medical records related to medical/dental services provided to my child at the request of ETS personnel be released to/directed to the attention of:

Louise Esveld, Pre-College Programs Director

Central College

812 University

Pella, IA 50219

or to the insurance company contracted by ETS to provide medical/dental coverage for program participants.

I understand that if ETS or the insurance provider deems the illness or accident to be the result of a pre-existing condition or self-inflicted injury, the bill will be promptly forwarded to me for payment or submission to my insurance carrier.

This release shall be in full force and effect throughout the event period of October 24, 2015 for student participants of the Central College ETS Program.

*Your consent signature is included as part of the parent/guardian permission on the next page.*

**Parent/Guardian Permission**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student attending: \_\_\_\_\_\_\_yes \_\_\_\_\_\_\_no

Parent(s) attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name(s)

Will transportation be needed? \_\_\_ Yes (how many using provided transportation\_\_\_\_\_) \_\_\_ No

\_\_\_ Check here if you plan to have lunch at the Grandview Dining Center

\_\_\_ Check here if you plan to tour Grandview University

Please sign below to indicate you are aware your student is applying to attend the Educational Talent Search sponsored event October 24, 2015, that you have read and agree to the medical and dental services statement, and understand the insurance agreement*.* We will provide additional information and a specific itinerary once the event roster has been finalized.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date

**Student Contract**

I agree to meet the expectations for the ETS field trip. I understand that I will be given more detailed information at a later date. All information provided on this application is true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**More On Back**

**2015-2016 EDUCATIONAL TALENT SEARCH ACTIVITY EMERGENCY CARD**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the address above new? Yes No

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Relationship Phone #

Medication: No\_\_\_ Yes\_\_\_ Please list names and dosages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Condition: No\_\_\_ Yes\_\_\_ Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applications are due…Friday,**

**October 16, 2015.**