

JCCC Youth Programs

Workforce, Community & Economic Development

EMERGENCY NOTIFICATION FORM

All information must be legible with required signatures in order to process these forms. This form can be found at www.jccc.edu/youth where you can fill in the blanks, print, sign and return to registration (WCED Registration, Box 62, 12345 College Blvd., Overland Park, KS 66210-1299, or fax to 913-469-4414 if paying with a credit card.

Participant's Legal Name:			JCCC ID #:	
Date of Birth:		Age:	Gender: Male	Female
Street Address:		City:		State:
				Zip:
Day Phone:			Contact Name:	
Cell Phone:			Contact Name:	
Home Phone:			Contact Name:	
Emergency Phone:			Contact Name:	
Emergency Phone:			Contact Name:	
Email:			School/District Attended:	
How did you hear about the JCCC Youth Programs?				
<input type="checkbox"/> JCCC Youth Catalog		<input type="checkbox"/> JCCC e-mail	<input type="checkbox"/> JCCC Schedule	<input type="checkbox"/> JCCC Web site
			<input type="checkbox"/> Other	

VOLUNTARY MEDICAL INFORMATION

A child must know how to self administer any medication they require while under our supervision. Please see consent for Self-Administration of Medication Form found at www.jccc.edu/youth. This form must be completed by the parent/guardian.

Health Conditions (Check those that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Heart/blood disease	<input type="checkbox"/> Surgeries
<input type="checkbox"/> ADD	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Frequent Stomach ache	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Emotional disturbance
<input type="checkbox"/> Special diet	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Epilepsy/seizure	<input type="checkbox"/> Throat infections	<input type="checkbox"/> Menstrual cramps
<input type="checkbox"/> Bone disease	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Contact lenses/glasses	<input type="checkbox"/> Other (specify below)	

Please explain answers you checked above that would be useful to a teacher or nurse.

Describe any foods allergies and symptoms exhibited.

Additional Information:

Johnson County Community College Hold Harmless Agreement

I hereby register my child to participate in the summer youth program to be held at Johnson County Community College. I hereby release the college, its trustees, officers, employees and agents from any and all liability for all injuries or damages suffered while participating, preparing to participate or otherwise engaged in activities connected with this program. The undersigned agrees to assume all risks, and recognizes that despite the exercise of reasonable safety precautions by Johnson County Community College, injury is possible whenever one engages in physical activity. If an emergency arises, I authorize emergency treatment or hospitalization when deemed necessary by college personnel. I hereby authorize Johnson County Community College to show and reproduce the name, photograph or photographs, pictures and film taken of the student mentioned above for the purpose of promoting the college, its curriculum and programs.

I have read and understand the Youth Enrollment Procedures, the Student Code of Conduct (www.jccc.edu/youth) or see JCCC Catalog, and this JCCC Hold Harmless agreement. **If under 18 years, this release must be signed by one who has the authority to consent to the medical care of the child.**

Parent or guardian signature	Date