

# 2017 Project Fibonacci® STEAM Conference Release Form

**Mandatory in order to complete registration on July 30, 2017**



## Emergency Contact and Medical Information for a STEAM Scholar

Student's Name		Date of Birth	M	F
Parent's/Guardian's Name		Parent's/Guardian's Name		
Home/Cell Phone	Work Phone	Home/Cell Phone	Work Phone	
Address		Address		
City, ST, ZIP Code		City, ST, ZIP Code		

## Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

### Allergies/Special Health Considerations:

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### Medication/Prescriptions:

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Project Fibonacci Event Medics will inventory and collect all medications/prescriptions (with the exception of life-threatening medications such as epi pens and inhalers) at registration. Medication/prescriptions will be locked at the Event Medics station (*location which will be made known to you*). As needed, participants will request their medication from the Event Medic for self-administration. Any need for assistance (e.g., injection) will be referred to the closest medical facility. ***Please specify any other health concerns, physical activity restrictions, and/or any other information you want the Project Fibonacci staff and chaperones to be aware of on behalf of your child's welfare.***

### Parent/Guardians:

- I understand that I will be notified in case of serious injury or illness. However, in the event I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.
- I hereby give permission for the nurse/medical director to inventory, collect, keep all medications and supervise my child's self-administration for the duration of the event, as described above.

INITIALS: \_\_\_\_\_

### Student Participants (over 18):

- I give my permission to be medically treated by a physician or medical facility as appropriate, in the event of an emergency or illness.

INITIALS: \_\_\_\_\_

### Photo Release:

Project Fibonacci is granted permission to use and/or publish my or my child's photograph or image (including: audio, film, digital image or any other media) for educational purposes on their respective websites or for the promotion of their respective programs. I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Project Fibonacci and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

INITIALS: \_\_\_\_\_

Parent/Guardian or Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_