

JCCC Youth Programs

EMERGENCY NOTIFICATION FORM

This form is required to complete registration.

All information must be legible with required signature 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 (Continuing Education Registration, Box 62, 12345 College Blvd., Overland Park, KS 66210-1299, fax to (913) 469-4414) or email to ceregistration@jccc.edu.

Student's <u>Legal</u> Name (First, Middle & Last Name):		JCCC ID # (if known):	
Date of Birth:	Age:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address:	City:	State:	Zip:
Email Address:			
First & Last Name of the Student's Parent/Guardian(will be authorized to pick up student):		Mother: <input type="checkbox"/>	Father: <input type="checkbox"/>
		Guardian: <input type="checkbox"/>	
Phone Information w/ Area Code (Provide phone number that the parent/guardian can be reached at during the day):			
First & Last Name of the Student's Parent/Guardian(will be authorized to pick up student):		Mother: <input type="checkbox"/>	Father: <input type="checkbox"/>
		Guardian: <input type="checkbox"/>	
Phone Information w/ Area Code (Provide phone number that the parent/guardian can be reached at during the day):			
First & Last Name of the Student's Emergency Contact (will be authorized to pick up student):		Mother: <input type="checkbox"/>	Father: <input type="checkbox"/>
		Grandparent: <input type="checkbox"/>	Guardian: <input type="checkbox"/>
		Other:	
Phone information w/ Area Code (Provide phone number that emergency contact can be reached at during the day):			

Person(s) authorized to pick up the student, other than listed above.	Phone information w/ Area Code (Provide phone number that person can be reached at during the day)
1.	
2.	
3.	

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). Persons with disabilities who desire support services may contact Access Services for Students with Disabilities office, 913-469-3521 or accessservices@jccc.edu.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Emotion/Behavior	<input type="checkbox"/> Hearing	<input type="checkbox"/> Heart/Lung conditions
<input type="checkbox"/> Severe Allergies	<input type="checkbox"/> Speech/Communication	<input type="checkbox"/> Vision		

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

Describe any food allergies and symptoms exhibited.

Additional Medical Information:

Student's Legal Name (First, Middle & Last Name):

First and Last Name of Physician & Street Address:	City	Zip Code	Phone Number
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Name of hospital preference in case of emergency.

Computer Internet Permission Slip and Acknowledgment

Completion of the Computer Internet Permission and Acknowledgement Form is required of all students in the Youth Program. JCCC's Policy and Procedure for Internet Use and Acceptable Use Guidelines for the Internet can be accessed at www.jccc.edu/youth. Please keep a copy of these policies for your records.

Parent or Guardian

I have thoroughly read and understand the Policy and Procedure for Internet Use and Acceptable Use and Guidelines regarding student use of the Internet for educational purposes. I agree to support and uphold these policies and am aware of the consequences that will result from non-compliance. Further, I am aware that there is material available on the Internet that may be considered to be offensive, objectionable or sexually explicit, and that JCCC does not have filtering or blocking software or devices that prevent access to these materials. I understand that JCCC cannot guarantee that my child will not be able to access these materials, and I will not hold JCCC or its employees responsible if my child is exposed to such materials.

I give permission for my child to have access to the Internet during the program and agree that my child will abide by JCCC's Policy and Procedure for Internet use and Acceptable Use Guidelines for the Internet. I understand that my child may be terminated from the program if he/she violates these policies.

I do not wish my child to have access to the Internet during the youth program.

Johnson County Community College Hold Harmless Agreement

I hereby register my child to participate in the 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), 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.

Print/Type Parent or Guardian's Name:	
Parent/Guardian Signature:	Date: