

Registration Form

Required for all adults and students

Please copy and return completed form to school staff as soon as possible

School Name _____ Date of trip _____

Student name _____ Male _____ Female _____ Race _____ (for reporting only)

Student E-mail address _____

Parent/Guardian _____

Home address _____ City _____ State _____ Zip code _____

Home phone () _____ Work phone () _____ Fax () _____

Beeper, cell phone, or other () _____ E-mail address _____

—Tremont does not discriminate against applicants by race, creed, sex, or national origin.—

Medical information In case of an emergency, please notify:

1st priority: Name _____ phone () _____ relationship to student: _____

Alternate: Name _____ phone () _____ relationship to student: _____

Health history (Check all that apply, giving approximate dates or details in blank space provided)

____ Frequent ear infections ____ Heart defect/heart disease ____ Hay fever ____ Convulsions ____ Diabetes

____ Bleeding/clotting disorders _____

____ Food allergies (please describe type and severity) _____

____ Insect allergies to stings (please describe type and severity) _____

____ Other allergies (include medication) _____

____ Recent injuries (please list) _____

Do we have permission to administer: Acetaminophen? _____ Ibuprofen? _____ Benadryl? _____

List all medications brought to Tremont: _____

Is the student taking any medications? Please list dosage, etc.: _____

Surgery or serious injuries (dates): _____

Chronic or recurring illness: _____

Other diseases or details of above: _____

Name of family physician _____ Name of dentist/orthodontist _____

Do you carry family/hospital insurance? ____ Yes ____ No

Insurance carrier _____ Group # _____ Policy number # _____

Restricted activities _____

Important Please notify us if the student is exposed to any communicable disease during the three weeks prior to trip.

Suggestions from parents: _____

If your child needs to be picked up by anyone other than school, are there any pick up restrictions? _____

____ Add us to your mailing list so we can receive a program brochure and other announcements and information about Tremont.

____ No, I do not want to be added to your mailing list at this time.

Parent's Authorization: To the best of my knowledge, this health history is accurate, and the person herein described has permission to engage in all prescribed activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the school teacher or GSMIT staff to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school teacher or GSMIT staff to hospitalize, secure proper treatment for, and to order injection and/or anaesthesia and/or surgery for my child as named above. It is expressly understood and agreed that GSMIT shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of GSMIT acting within the scope of his/her employment. I grant permission for image and likeness (i.e. photo, name, quotes) of my child to be used in publications by the Institute. This form is also used for diversity reporting.

Signature _____ Date _____



* This information is required for treatment in the event of a medical emergency. It will be cut off and shredded when the program is over.

Date of Birth ____/____/____ Social Security # ____-____-____