



SCHOOL NAME: _____

New York State High school Business Model Competition

Release Form

Emergency Contact

In case of an emergency, we will call:

First emergency contact:

Name _____

Phone: Home: _____ Work: _____ Cell: _____ Other: _____

Relationship to Child _____

Second emergency contact:

Name _____

Phone: Home: _____ Work: _____ Cell: _____ Other: _____

Relationship to Child _____

Medical Treatment Authorization

In the event of an accident, illness or medical emergency, I hereby authorize the doctors, nurses, medical or emergency personnel to provide care that includes routine diagnostic procedures (i.e. x-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter _____.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during my child's participation in the Program. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. In the event of an emergency, and if I cannot be reached, I give my consent for the Center for Economic Growth/Siena College staff to take necessary actions to ensure emergency and medical personnel are able to obtain/perform necessary medical treatment and emergency transportation. I hereby accept responsibility for the payment of an emergency rescue, transportation and treatment expenses and any subsequent medical bills.

Photo/Video Release

I give the Center for Economic Growth/Siena College permission to use my child's photo and/or video for publicity purposes. This includes all marketing and communications materials that promote the activities and opportunities available at the Center for Economic Growth/Siena College

BOTH SIGNATURES REQUESTED:

Mother/Guardian:

Signature: _____

Print Name: _____

Date: _____

Father/Guardian:

Signature: _____

Print Name: _____

Date: _____