

SUMMER MEDICAL FORM (MF -1)

The University of the South  
735 University Avenue  
Sewanee, Tenn 37383

IMPORTANT to all summer participants:

The completion of this form is a prerequisite for registration and participation in designated summer programs at The University of the South. Please answer ALL questions and return this form to: The University of the South, 735 University Avenue, Sewanee, TN 37383 or scan and email to sei@sewanee.edu. \*PLEASE MAKE SURE YOU SEND IT TO THE ATTENTION OF THE PROGRAM THAT YOU WILL BE PARTICIPATING IN. **ALSO, IT IS CRUCIAL THAT YOU SEND A COPY OF THE FRONT AND BACK OF YOUR MEDICAL INSURANCE CARD!**

Name of Student: \_\_\_\_\_ Sex: (circle one) Male Female Other

Gender: (If other, please explain how you identify yourself) \_\_\_\_\_

Name(s) of Parents/guardian or spouse: \_\_\_\_\_

Address(s): \_\_\_\_\_ Home Phone # (s): (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Cell Phone # (s): (\_\_\_\_\_) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Person to reach in case of an emergency (Name & Phone #): \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

DATE OF LAST TETANUS BOOSTER (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

CHRONIC MEDICAL PROBLEMS: \_\_\_\_\_ DAILY MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICATION ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

**INSURANCE INFORMATION (please include copy of card):**

Name of Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Address of Company: \_\_\_\_\_

\_\_\_\_\_

SUMMER MEDICAL FORM (MF-2)

IMMUNIZATION HISTORY

Table with columns: Disease, Yes, No, Month/year. Rows include Mumps, Measles-Rubella, German measles-Rubella, Tetanus, Diphtheria, and Polio.

If you have had any of these diseases, please explain: \_\_\_\_\_

ALLERGY HISTORY

Table with columns: Allergen, Yes, No. Rows include Penicillin, Sulfa, Other Drugs, Foods, Pollen, and Other.

Explain all allergies & describe reaction: \_\_\_\_\_

\*If you are to receive injections for allergies, please have your physician write dosage, frequency and duration of injections in an attachment signed and dated by the physician.

Yes No Do you have any illnesses or conditions for which you are now being treated? If so, please provide details here.

Yes No Are you now taking regularly any medications prescribed for you? (If so, please fill out MF-3)

Yes No Are you now on a special diet? If so, give details.

Yes No Have you ever received treatment for mental or emotional disorders? If so, please have physician furnish case history in an attachment signed and dated by the physician.

PARENTAL PERMIT: The parents of all students under the age of 18 must sign the following consent form so that medical procedures may be promptly carried out and to avoid unnecessary delays occurring with treatment.

"I hereby give permission for the medical staff of The University of the South to perform such diagnostic, therapeutic, and operative procedures as they deem necessary for my son/daughter \_\_\_\_\_." We (I) agree that the transmission of these signed documents by facsimile or other electronic transmission are sufficient to replace original copies.

Date: (MM/DD/YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signed: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

SUMMER MEDICAL FORM (MF-3) – Medication(s)

**Medication:** \_\_\_\_\_ : This camper will not take any daily medications while attending SYWC summer program.  
 \_\_\_\_\_ : This camper will take the following daily medication(s) while at camp.

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please make sure all medications are properly labeled and packaged for the director to quickly identify. **These labels will need to show the student’s name and how the medication should be given. Provide enough of each medication to last the entire time the student will be at Sewanee.**

Name of medication	Date started	Reason for taking it	When it is taken:	Amount or dosage	How is it taken
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time _____		



**2017 SEI: PRE-COLLEGE FIELD STUDIES PROGRAM | Media Release**

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**MEDIA RELEASE FORM**

The University of the South  
735 University Avenue  
Sewanee, TN 37383

I grant to the University of the South, its representatives and employees, the right to take photographs and videography of me and my property, or of my child and his/her property, in connection with the Sewanee Environmental Institute Program. I authorize the University to copyright, use, publish, and assign the same in print and/or electronically. I agree that the University may use such photographs of me with or without my or my child's name for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content. I understand that no royalty, fee or other compensation shall be due to me or my child by reason of such use. I agree that the transmission of this signed Release by facsimile or other electronic transmission is sufficient to replace an original signed Release.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)

# 2017 SEI: PRE-COLLEGE FIELD STUDIES PROGRAM |Release & Indemnification Form

## RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

The University of the South  
735 University Avenue  
Sewanee, TN 37383

PARTICIPANT: (Name and Address)

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DESCRIPTION OF ACTIVITY OR TRIP: SEI: Pre-College Field Studies Program – Class & recreational activities

LOCATION: The University of the South      DATE(s): June 25 – June 8, 2017

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip sponsored by the University of the South. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the University, its governing boards, officers, employees, students and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the University, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address (if different than Participant's)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**2017 SEI: PRE-COLLEGE FIELD STUDIES PROGRAM | Transportation Permit**

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TRANSPORTATION PERMIT

The University of the South  
735 University Avenue  
Sewanee, TN 37383

*(To be used for field trips planned throughout the duration of the Summer Program on and off the The University of the South campus, emergency medical transportation, and other activities as deemed necessary by administration of the summer program).*

We (I) are the parents (legal guardian) of \_\_\_\_\_, a participant in the Sewanee Environmental Institute: Pre-College Field Studies Program.

We (I) hereby grant permission for the participant named above to travel during the duration of the Program (June 25 – July 8, 2017) by:

**University owned vehicle**

**Commercial chartered or rented vehicle**

**Emergency Medical Service vehicles**

We (I) understand the above-indicated transportation may be provided by the University or an independent contractor. To the fullest extent permitted by law, We (I) waive, release, and discharge the University of the South, its employees, Boards of Regents and Trustees, and agents from any claim, demand or cause of action arising out of or related to the transportation provided and agree to indemnify and save harmless the University, its employees, Boards of Regents and Trustees, and agent from all claims for loss, damage, or injury sustained by us (me) or by our (my) child whether the same be caused by the negligence of the University or otherwise. We (I) agree that the transmission of this signed Release by facsimile or other electronic transmission is sufficient to replace an original signed Release.

Parent \_\_\_\_\_

Parent \_\_\_\_\_

Student \_\_\_\_\_

(if 18 years of age or older)