

Student Name _____ Class Title _____

Address _____ City _____ State _____ Zip Code _____

Student Birth Date _____

EMERGENCY CONTACT INFORMATION

Prioritize the following phone numbers.

Print all information **CLEARLY**.

ONLY list persons authorized to pick up your child in the event of an emergency.

1st Contact Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

2nd Contact Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

WAIVER OF LIABILITY & MEDICAL RELEASE

(Any medications necessary for your child should be taken at home before the student comes to class.)

As parent or guardian of _____, I grant permission for my son/daughter to participate in the Westmoreland Continuing Education program, and I authorize Westmoreland personnel to take appropriate action in the event of an emergency. Medical emergencies will be taken to the nearest hospital, and I understand that I am responsible for all costs incurred. I agree to release and hold Westmoreland and its directors, officers, trustees, employees and agents harmless from any and against all liability, loss, claims or actions for bodily injury and/or property damage in accordance with current state and federal law arising from participation in the Continuing Education program. I also understand that if my son/daughter becomes ill or engages in destructive behavior, the above Emergency Contact will be called to take my son/daughter home.

Please list allergies or other medical concerns below:

Parent/Guardian Signature _____ Date _____

TRANSPORTATION ARRANGEMENTS

Will someone other than a parent be picking up your child? Yes No

If yes:

Name _____ Relationship _____ Cell Phone _____

PHOTO AND/OR VIDEO RELEASE

Occasionally, the campus photographer visits our programs. I hereby give Westmoreland permission to use photograph/video footage of my child for Westmoreland public relations purposes (flyers, brochures, web site, advertisements, etc.).

Parent/Guardian Signature _____ Date _____