Parent/Guardian Consent, Medical Release and Release from Liability Agreement

University at Buffalo School of Pharmacy and Pharmaceutical Sciences (SPPS)
Pharmacy Summer Institute

Please complete the following form and mail to:
Jennifer Rosenberg, 274 Kapoor Hall, SPPS – Buffalo, New York 14214-8033 no later than July 1.

Please read the following information carefully before signing.

Summer Workshop: SPPS Pharmacy Summer Institute

Dates: July 8-10, 2019

Participant Name: _____

Parent/Guardian Signature: _____

In consideration for allowing Participant to participate in a Pharmacy Summer Institute, I/we, as parents and/or guardians of Participant, agree to the following:

- Authorize Participant to participate in the Pharmacy Summer Institute for the dates stated above.
- Release, indemnify and hold harmless the University at Buffalo SPPS Pharmacy Summer Institute from any and all damages, except for damages caused by the sole gross negligence or intentional misconduct of the University at Buffalo, arising out of the participation of Participant in the Institute.
- Prior to the commencement of the Institute, I/we were made aware of the nature of the Institute, had sufficient opportunity to inquire further, and understand the Institute has inherent risks and I/we and Participant assume, on behalf of Participant, all those inherent risks.
- While participating in the Institute, Participant is subject to the policies, rules and regulations of the University at Buffalo Pharmacy Summer Institute. Possession of fireworks, explosives, any weapon, illegal drugs or alcohol is prohibited and cause for immediate expulsion from the Institute. Further, any Participant repeatedly disobeying University policies, rules or regulations may be expelled from the Institute.
- Authorize University at Buffalo Pharmacy Summer Institute, its employees, clinicians, athletic trainers, nurses and agents (collectively, “Activity Sponsor”) the authority to seek, obtain, and approve any medical care and treatment including, but not limited to x-ray examination, anesthetic, medical, dental or surgical diagnosis, or treatment and medical care which may be recommended and provided under the general supervision of any physician or surgeon, for Participant which, in their judgment, is necessary for the health and well-being of Participant during his/her participation in the Institute. I/We further agree that I/we are(am) solely responsible for any costs incurred and agree to hold the University at Buffalo, their employees and agents (collectively, “University”) harmless for any liability arising out of any good faith action taken in obtaining medical treatment for Participant.

The above agreements are binding upon us, our estates, heirs, representatives and assigns.

Parent/Guardian Signature _____ Date _____

HEALTH INSURANCE INFORMATION SHEET
REQUIRED FOR ALL ATTENDEES

Private insurance information must be provided, if applicable. Please be advised that, should a participant require medical attention, **you are responsible for paying any costs not covered by insurance.**

Participant's Name _____ Date of Birth _____
Participant's Address _____ City & State _____
Participant's Phone Number _____ Zip Code _____

Insurance Company Name _____ Effective Date _____
Address of Insurance Company _____
City & State _____ Zip Code _____
Phone # of Insurance Company _____ Group # _____

Policyholder's Name _____ Policy # _____
Policyholder's Address _____ City & State _____
Relationship to Participant _____ Zip Code _____
Contract # _____ Employee # _____

I hereby authorize the release of any medical information which might be needed in connection with payment for medical services.

I request that payment under my medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for all costs not paid by my medical insurance program.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

EMERGENCY INFORMATION & CONTACTS

Please complete this form in its entirety. This information will be helpful in the unlikely event of an accident or sudden illness.

Personal physician contact information:
Name of Personal Physician _____ Phone _____
Physician Address _____
City & State_____ Zip Code _____

Person(s) to be contacted in case of emergency:
Name _____ Relationship _____
Address _____
City & State_____ Zip Code _____
Daytime Phone_____ Evening Phone_____Cell Phone_____

Person(s) to be contacted in case of emergency:
Name _____ Relationship _____
Address _____
City & State_____ Zip Code _____
Daytime Phone_____ Evening Phone_____Cell Phone_____

IMMUNIZATION RECORD
REQUIRED FOR ALL ATTENDEES

Please fill out this form completely or attach a physician's immunization record

Vaccination	Vaccine Date (mm/dd/yr)	Or Physician Diagnosed Disease	Or Serology Results/Date
Diptheria			
Haemophilus Influenza B (HIB)			
Hepatitis B			
Measles			
Mumps			
Rubella		**History of Rubella disease does not prove immunity**	
** OR Combined MMR **			
Poliomyelitis			
Tetanus			
Varicella (chicken pox)			Or year of illness

Other Medical Conditions

- Are there any recent/current illness/injury/existing medical conditions that the Institute should be aware of?

- Are there any restrictions or limitations that need to be placed on your child's physical activity?

- Are there any special dietary needs the Institute needs to be aware of?

- Are there any allergies (i.e. medications, food, insect stings, etc.)?

- Please list any other concerns medical concerns:

- Does the Instituteer carry an Epi-Pen?
- Does the Instituteer carry an inhaler?

Summer Workshop: SPPS Pharmacy Summer Institute
Dates: July 8-10, 2019

PHOTOGRAPHY RELEASE

Name of Student Participant: _____
Name of Parent/Guardian: _____

By signing below:

- I hereby authorize University at Buffalo – SUNY and/or SPPS Pharmacy Summer Institute to publish photographs taken on July 8, 2019 through July 10, 2019 of myself and/or the student participant listed above, and our names and likeness, for use in the University's print, online and video-based marketing materials, as well as other University publications.

- I hereby release and hold harmless University at Buffalo from any reasonable expectation of privacy or confidentiality for myself and for the student participant listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the student participant listed below and that I have full authority to consent and authorize University at Buffalo to use their likenesses and names.

- I further acknowledge that participation is voluntary and that neither I, nor the student participant will receive financial compensation of any type associated with the taking or publication of these photographs or participation in University marketing materials or other publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

- I hereby release University at Buffalo, its contractors, its employees and any third parties involved in the creation or publication of University publications, from liability for any claims by me or any third party in connection with my participation or the participation of the student participant listed below.

Parent/Guardian Signature: _____ **Date:** _____

TRANSPORTATION RELEASE

Name of Student Participant: _____
Student Participant Cell Phone Number: _____
Name of Parent/Guardian: _____

While participating in SPPS Pharmacy Summer Institute, students will take two field trips and Rochester-area students will be bussed to and from Rochester, New York. When these excursions occur, students will travel off of the University at Buffalo's South Campus. Transportation will be provided by the Institute to and from the sites. For this reason, please agree to the following by signing below:

- I give permission for my student to travel off of the University at Buffalo's South Campus during the duration of the above Institute via the transportation provided by the Institute.

- If from the Rochester area, I give permission for my student to travel to and from the Rochester area to Institute via the transportation provided by the Institute.

- I assume all risks and hazards and hereby waive, release, absolve, indemnify and agree to hold harmless the University at Buffalo – SUNY and SPPS Pharmacy Summer Institute, as well as its directors, officers, administrators, employees, or other agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by my Institute participant while traveling to or from off-campus sites.

Parent/Guardian Signature: _____ **Date:** _____