



Health Statement

Full name of student _____ **Age** _____ **Sex** _____

List below any health conditions for which Central Alabama Community College staff should be aware. Reporting these conditions will not prevent the individual from attending the STEM Academy and will be kept confidential.

Allergies (explain) _____

Drug allergies _____

Diabetes Heart Condition Convulsions Emotional Upsets Asthma Other _____

Immunizations: Oral Polio Tetanus **Medications taken at this time:** _____

Activities student should not participate in: _____

Will student need an accommodation because of disability? Yes No **If so, please explain:**

In case of an emergency or accident involving my child which, in the opinion of the STEM Academy representatives present, requires immediate medical attention, I hereby grant permission to said representatives to obtain the services of a physician or to transport my child to the hospital if it is deemed necessary. I hereby grant permission, also, to said physician to treat said condition unless I am present and request otherwise or until I request otherwise.

I also hereby grant permission for the STEM Academy representatives to render any first aid or emergency medical care deemed reasonably necessary to protect the health and wellbeing of the above named student. I understand that the terms hereof apply to any injury, illness or other medical problem or emergency that arises during the STEM Academy.

If an emergency situation should arise, I hereby release and hold harmless CARCAM, Central Alabama Community College, the Alabama Department of Postsecondary Education, the Alabama state Board of Education, and any and all persons volunteering services to and/or employed by the aforementioned parties as well as any other agent or representative of said parties, from any liability, claims, demands, actions, and causes of action whatsoever, arising from or related to care given in said emergency decisions.

Signature of parent/guardian: _____

Print parent's name/address: _____

Telephone number: _____

Alternate emergency contact name/relationship: _____

Alternate contact's telephone number: _____

Physician's name/phone number: _____



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