

Participant Name	School	Classroom Teacher	
Mailing Address	City	State	Zip
Date of birth / age	Gender	Current Height	Current weight

**Participant history with any of the following\* -**

- ADD/ADHD  
  Asthma  
  Autism  
  Cancer  
  Diabetes  
  Heart abnormalities  
  High or low blood pressure  
  Seizures  
  Stroke

**Allergies (check all applicable) -**  
 Food  
 Pollen/Hay Fever  
 Latex  
 Medication(s)  
 Metals/Minerals  
 Plants/Trees  
 Insect bite/sting  
 Other \_\_\_\_\_ (please specify all medical conditions and any specific details related to severe allergies, including type of reaction) - \_\_\_\_\_

\* Participants with severe medical conditions, must submit a copy of their CURRENT Emergency Action Plan to ONSC at least 1 week prior to arrival at ONSC

**Medications - (please list ALL medication(s) including inhalers, Epi-pens, over-the-counter medication, etc. participant will bring to ONSC)**

Allergy or medical condition	Medication name / Strength (mg/ml)	Dosage instructions	Date began

**In Case Of Minor Headache, May Your Child Have - (Please choose at least one)**

- Tylenol (acetaminophen)  
 Advil (ibuprofen)  
 Call parent first  
 None

**Local Emergency contacts -** (in addition to parent / legal guardian, those listed also have permission to pick-up youth participants)

Parent / Legal Guardian	Telephone #	Email
	Telephone #	Email
Name(s)	Telephone #	Relationship
Name(s)	Telephone #	Relationship

**Permission to Participate - Please note participant or parent/guardian signature required before acceptance into any ONSC programs.**

**Media and Education Study Agreement -**

YES, I grant permission for ONSC to use for public relations purposes, any photos or videos taken of the participant or any artwork or statements made by the participant during programs at ONSC. I further grant permission for the participant to take part in ONSC's education program evaluation studies. Participant names will not be used in any publication of the study.

- NO, I do not grant media use permission                     
  NO, I do not grant education study participation permission

**Participation Agreement -**

I assume any and all of the inherent risks and any other risks incidental to the nature of these activities which are not specifically foreseeable. I will hold ONSC harmless from any and all liability, actions, causes of action, debts and claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss otherwise which may arise from mine or my child's participation. By signing this waiver, I release ONSC and its staff from any negligence incurred. My child enters into this activity voluntarily, and I take full responsibility for the decision for him/her to participate or not to participate.

Date	Participant name (printed)	Participant / adult signature
		 Parent / legal guardian signature required for participants under 18

**Most ONSC school programs include a t-shirt for all student participants. Please select student size -**

Adult or Non-Program T-Shirts and other merchandise may be purchased in our business office or online at <http://www.onsc.us/shop-store.php>

- Youth Large  
 Adult Small  
 Adult Medium  
 Adult Large  
 Adult X-Large  
 Adult XX-Large