



JOHN BROWN UNIVERSITY

JBU Summer Academy Medical Information Form/Waiver and Release of Liability

Student Name: _____

Doctor's name: _____ Phone Number: (____) ____ - ____

Allergies: _____

Does your student take prescription or non-prescription medications for allergies? Yes _____ No _____

Does your student carry an epi-pen on them? Yes _____ No _____

Epi-pen instructions: _____

Current Medical Conditions: _____

Current Mental Health/Learning Disabilities: _____

Other information: _____

Insurance information:

Company: _____

Policy number: _____ Phone Number: (____) ____ - ____

Consent for Medication Administration & Medical Treatment

To Parent(s) or Legal Guardian(s):

If your son, daughter, or ward will be under the age of 18 while attending the John Brown University sponsored academy, your consent must be secured for self-medication administration. **Your student needs to be able to hold onto their own medication (prescription and non-prescription) and administer it at the right time as academy staff cannot administer medication to students.** All prescription medication must be in the original container and labeled with the camper's name, doctor's name, medication name, dosage, prescription number, date prescribed and instructions. Non-prescription medication must also be in the original container. **Only the amount of medication required by the student for the duration of the academy (5 days) should be sent with them.**

Please complete all of the following items that apply:

- () No prescription or non-prescription medication will be brought to camp.
- () My child will self-administer the following prescription and/or non-prescription medication(s) while at camp:

Medication Name _____

Medical Condition _____

Distribution/Instructions _____

Medication Name _____

Medical Condition _____

Distribution/Instructions _____

Medication Name _____

Medical Condition _____

Distribution/Instructions _____

Please add any additional medications:

If there is anything else we need to know about your student, please explain here:

DISCLAIMER: JOHN BROWN UNIVERSITY, ITS BOARD OF TRUSTEES, ADMINISTRATION, AGENTS, EMPLOYEES, VOLUNTEERS, AND ALL OTHER ASSOCIATED PERSONNEL (HEREINAFTER REFERRED TO AS JOHN BROWN UNIVERSITY) IS NOT RESPONSIBLE FOR ANY INJURY, ILLNESS, INFECTION, DISEASE, DEATH, OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE PARTICIPATING IN JBU SUMMER ACADEMY WHATSOEVER, INCLUDING NEGLIGENCE, ON THE PART OF JOHN BROWN UNIVERSITY.

In consideration of my Summer Academy participation, **I release and covenant not-to-sue John Brown University from any and all present and future claims resulting from ordinary negligence on the part of John Brown University or others listed** for property damage, personal injury, illness, infection, disease, or death, arising as a result of my engaging in any Summer Academy activities or any activities incidental thereto, wherever, whenever, or however the same may occur. **I voluntarily waive any and all claims**, both present and future, that may be made by me, my family, estate, heirs, or assigns.

I fully understand the risks related to the nature of the encounters with other persons that may occur during Summer Academy activities, including but not limited to exposure to a variety of pathogens, infectious agents, viruses, and bacteria. Further, I understand that such exposure may result in my experience of various health-related reactions, including but not limited to serious illness and even death. I further understand that I may have an allergic and/or asthmatic reaction to cleaning agents and other substances in the JBU facilities. I am voluntarily participating in this activity with knowledge of the danger involved and agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless John Brown University for any and all claims arising as a result of my participation in any Summer Academy activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Arkansas and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I understand and agree that no action on the part of John Brown University with respect to an injured or ill student shall be deemed a waiver as to this Agreement. I further agree that the venue for any legal proceedings shall be in Benton County Circuit Court located in Benton County, Arkansas.

I affirm that I am of legal age and am freely signing this Agreement. **I have read this form and fully understand that by signing this form, I am giving up legal rights** and/or remedies which may be available to me, including those related to negligence of John Brown University.

(Printed Name of Participant)

(Signature of Participant)

Date

(Signature of Parent if Participant is Under 18)

Date

If you have any questions about your student attending this academy, please contact the JBU Summer Academy Director, Lauren Huffman at lhuffman@jbu.edu