

**OEC 2009 Fall WORKSHOP STUDENT REGISTRATION/LIABILITY WAIVER**

This form registers you for the 2009 Fall Emergency Care Workshop to be held in Amery, WI Oct. 22, 2009 – Oct. 26, 2009. Please complete all appropriate sections. **Print Legibly!** Forms also at **www.slpoc.org**

**Registration is due 10/14/09. Early bird cost is \$140.00; \$160.00 thereafter.**

**Return To: SLPHS OEC, 8001 Able St NE, Spring Lake Park, MN 55432. 763-785-5556**

Student  Intern  Student Leaders  General Staff  Instructional Staff

Name: \_\_\_\_\_ Age: \_\_\_\_\_  M  F DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Doctor or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Insurance Information:

Name of insurance company: \_\_\_\_\_

Insurance #: \_\_\_\_\_

Parents/Guardians/Insured policy holder: \_\_\_\_\_

Medical History:

1. List allergies \_\_\_\_\_

2. Medications used \_\_\_\_\_

3. Chronic Illness: (Diabetes, Seizures, Etc.) \_\_\_\_\_

4. Physical/emotional needs that may need special attention? \_\_\_\_\_

5. Any other comments/instructions? \_\_\_\_\_

**\*\*\*All of the above information is confidential, and will only be seen by authorized personnel\*\*\***

Sponsor  Osseo OEC  SLP OEC  Other \_\_\_\_\_

School attending \_\_\_\_\_ Grade level \_\_\_\_\_

Certification/Level of training:

CPR  First Aid  First Responder  EMT - Level  B  I  D  P  Other \_\_\_\_\_

**Arrival**  With the Bus or Date \_\_\_\_\_ Time \_\_\_\_\_

**Departure**  With the Bus or Date \_\_\_\_\_ Time \_\_\_\_\_

Notes regarding arrival and departure \_\_\_\_\_

In the unlikely event that \_\_\_\_\_ (name of participant) is injured or ill, I give Bill Neiss or a member of the OEC staff permission to seek treatment and medical care at the nearest medical facility. I understand that I will be notified as soon as possible in the event of any injury or illness. I also agree to hold Independent School District 16 or any other participating school districts, it's personnel, staff, or designated officials harmless in event of accident to myself or my son or daughter. I also agree to notify the appropriate personnel if there are any changes in the above information.

Parent's signature (if participant is under 21) \_\_\_\_\_ Date \_\_\_\_\_

Participants signature \_\_\_\_\_ Date \_\_\_\_\_

**Registration is not final until you have paid in full**

Office use only: Registration/Liability waiver \_\_\_\_\_ Pd in full \_\_\_\_\_

Staff: Credentials \_\_\_\_\_ Tasks volunteered for \_\_\_\_\_ Program Application \_\_\_\_\_ Attended Leadership meeting \_\_\_\_\_