

Authorization/consent form: For all Augusta participants under age 18

TO BE FILLED OUT BY THE STUDENT: (Please print or type)

I, (print student name) _____ Date of Birth _____
will be a student in (name of class) _____ at Augusta Heritage Center.

- I understand that adult-level classes during the Augusta Heritage Center's summer season are intensive all-day classes, and are not specifically designed for young people (exception being Augusta for Kids)
- I understand that the legal age for consuming alcohol in West Virginia is 21, and that Davis and Elkins College does not permit under-age drinking or possession of illegal substances.
- I understand that Augusta reserves the right to remove students who do not adhere to campus policies or who interfere with the rights of other participants to fully benefit from Augusta classes and events.

Signed (student's name) _____ Date: _____

TO BE FILLED OUT BY PARENT OR GUARDIAN: (Please print or type)

Name of the adult chaperone who will be responsible for the student during their week(s) at the Augusta Heritage Center summer session. _____

What is their relationship to the student? _____ Over 21? Yes / No

Will the student be rooming with this person while here for their Augusta class? _____ Yes / No

If so, where? _____

If not, where and with whom will the student be staying? _____

Will the chaperone be taking a class during the day? If so, which one? _____

If not, where can they be reached during the day in case of emergency? _____

Please list any allergies the student has (food, bee stings, etc.) _____

Please list any medications the student will bring _____

Please list any other medical concerns for the student (asthma, diabetes, recent injuries, etc.) _____

Please add any details that will be helpful. _____

During the summer season, person (other than chaperone) to contact in case of an emergency:

Name (print): _____ Relationship: _____

Day Phone: _____ Home Phone: _____

I, the undersigned, give permission for emergency medical care for my son/daughter in the event of an emergency, and if I can't be reached to approve treatment.

Parent or Guardian (Please Print or Type) _____

Signed (Parent or Guardian): _____ Date: _____