

USC Educational Talent Search Medical Emergency/School Records Release Form

Emergency Medical Release Form	
Participant's Name: _____ Birth date: _____ Parent/Guardian Name: _____	
EMERGENCY INFORMATION In an emergency when parent/guardian cannot be reached, please contact the following: Name: _____ Home Phone: _____ Cell Phone: _____ Please list any Student Medical Conditions: _____	MEDICAL INSURANCE INFORMATION Physician: _____ Office Phone: _____ Medical/Hospital Insurance Company: _____ Phone: _____ Policy Holder's Name: _____ Policy Number: _____
<p>THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.</p> <p>I do hereby grant permission to the Educational Talent Search (ETS) of the University of Southern California and its authorized representatives, to furnish first aid as my son/daughter may require, as well as to seek medical attention through the nearest medical facilities when students are on field trips and other authorized activities. This permission is conditioned upon the understanding that in the event of serious illness or the need for hospitalization and/or major surgery, ETS will use all reasonable efforts to contact me. Failure in such efforts should not prevent ETS from providing emergency treatment as may be necessary for the best interest of my child.</p>	
_____ Parent/Guardian Signature	_____ Date Signed

Student School Records Release Form	
<p>I authorize Educational Talent Search (ETS) to obtain documents relative to and consistent with my child's education. Such documents may include: a copy of my school transcript, test scores, ACT/SAT scores, and school lunch program eligibility. I authorize ETS to obtain documents pertaining to student financial assistance (federal, state, or other), a copy of my child's award notification from the financial aid office of their perspective college or university, and college admission information. I authorize ETS to obtain information from any agency or program providing supplemental services to my child. I hereby give my permission for my child to participate in all Educational Talent Search activities. In addition, I hereby give my permission for my child's name, photograph, work, and/or statements to be used by Educational Talent Search for promotional, publicity, or instructional purposes.</p>	
_____ Parent/Guardian Signature	_____ Date Signed

The Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. 1232g, is the federal law providing for review and disclosure of students educational records. The University and Outreach Programs-TRIO will not permit access to or the release of personally identifiable information contained in the student educational records to any party without the written consent of the student, except as authorized by FERPA..