



Release & Permissions Form

Please list any physical disabilities or allergies:

I give permission for my son/daughter to take the following prescription medication while in training:

(Please note: The class/program is not able to supply your child with over-the-counter medications such as aspirin, cold medicine, etc., so please send these medications with your child if you feel they will be needed.)

Insurance Carrier	Policy Holder Name	Policy Number	Group Name
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MEDICAL RELEASE: (Applicants under 18 years of age only). I understand that I, as parent or guardian, will be contacted in the event of a medical emergency. The Director of CSI Workforce Development & Training or her appointed representative will sign for medical care only if it is the best judgment of the instructor and/or I cannot be reached. I authorize medical care under those circumstances. I certify that my son/daughter is in good health.

WAIVER OF LIABILITY: I agree that I will not hold the College of Southern Idaho, or any faculty member or employee of CSI liable for injuries sustained or illness contracted by my child while a student/participant at the Workforce Development & Training. I further agree that I will not hold CSI or its employees responsible for the loss or damage of personal property during the class.

CONDUCT: Students of the CSI Workforce Development & Training Program are expected to maintain the highest standards of conduct. This is closed campus. Unless the class staff has written authorization from a parent or guardian authorizing the participant to leave the campus, no students under the age of 18 will leave the campus. Students are expected to take excellent care of the facilities and equipment.

Any student found in violation of our standards and rules will be sent home. No refund of tuition/registration will be made.

I hereby attest that the information contained in this application is correct to the best of my knowledge. In addition, I have read the policies and fee statement and agree to comply.

Date: _____

Signature: _____

If Under 18:

Name of parent or legal guardian: _____

Signature of parent or legal guardian: _____