

# DOUGLAS-CHEROKEE TALENT SEARCH

## EMERGENCY MEDICAL INFORMATION (2025 – 2026)

Student's Name: \_\_\_\_\_  
(First) (M) (Last)

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (ST) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Sex: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name: \_\_\_\_\_  
(First) (M) (Last)

Work or Cell Phone: (\_\_\_\_) \_\_\_\_\_  
\* Additional Cell Phone # (if applicable): (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(First) (M) (Last)

Work or Cell Phone: (\_\_\_\_) \_\_\_\_\_  
\*Additional Cell Phone # (if applicable): (\_\_\_\_) \_\_\_\_\_

**Please complete the below information about your child's health insurance.**

**Medical Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ Copy of Card: Yes No

**Pre-existing Medical Conditions and/or Allergies (including food and drugs):**

\_\_\_\_\_  
\_\_\_\_\_

**If parent/guardian cannot be reached, who may we contact?**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_



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## Medical Release

In the event of an emergency, I hereby give permission to the physician / healthcare provider selected by the Douglas-Cherokee Economic Authority's Talent Search Program to secure and administer medical treatment including hospitalization, for the person named above. I hereby give permission to the healthcare provider to provide any and all emergency medical treatments including, but not limited to, ordering x-rays, blood work, lab work, administering medications and/or any other test or treatment relevant to the aforementioned emergency.

I give permission to the Talent Search Program, hospital, and/or other contracted providers (ex: ambulance services) to provide and/or arrange the necessary transportation. I also agree to the release of any records necessary for insurance purposes and assume all financial responsibility. Furthermore, I agree to hold harmless and indemnify Douglas Cherokee Economic Authority, the Talent Search program, TRIO Director, staff, and volunteers of all liabilities associated with my participation in the Talent Search Program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent # 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent # 2 Signature (if available) \_\_\_\_\_ Date \_\_\_\_\_

## Liability Waiver

I \_\_\_\_\_, agree to participate in Douglas-Cherokee Economic Authority's (DCEA) Talent Search Program. I release Douglas-Cherokee Economic Authority, DCEA's Talent Search Program, TRIO Director, program staff, and volunteers from any liabilities they may have as a result of any accident and/or injury associated with my participation in the Talent Search Program. Furthermore, I agree to hold harmless and indemnify the aforementioned released parties. This waiver covers all program functions/activities/trips that occur during the 2025/2026 program year (9/1/2025 – 8/31/2026).

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

I give permission for my son/daughter, \_\_\_\_\_, to participate in Douglas-Cherokee Economic Authority's (DCEA) Talent Search Program. I release Douglas-Cherokee Economic Authority, DCEA's Talent Search Program, TRIO Director, staff, and volunteers from any liabilities they may have as a result of any accident and/or injury associated with my child's participation in the Talent Search Program. Furthermore, I agree to hold harmless and indemnify the aforementioned released parties. This waiver covers all program functions/activities/trips that occur during the 2025/2026 program year (9/1/2025 – 8/31/2026).

\_\_\_\_\_  
(Parent # 1 and/or Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent # 2 and/or Guardian Signature – if available)

\_\_\_\_\_  
(Date)

STUDENT

PARENT