## Wichita State University Expanding Your Horizons (EYH) Workshop Participation Form

Note: This form must becompleted by the participant and/or parent or guardian in order to participate in the Wichita State University EYH Workshop All blanks must becompleted, even if the response is "applicable" – indicate by using "N/A" (for example: no cellular phone number). Failure toomplete this form in its entirety will esult in the person being ineligible to participate in the Wacsiate University EYH Workshop.

(9(17 Expanding Your Horizons) DOO Birth Date\_\_\_/\_\_\_Age\_\_\_\_ †Female †Male First Name Last Address Parent/GuardiaName\_\_\_\_ Relationship Home Phone Cellular/Pager Work Phone Home Phone Address (if different from child)\_\_\_\_\_ Parent/Guardian Name\_\_\_\_\_ Relationship\_\_\_\_\_ Home Phone \_\_\_\_\_ Cellular/Pager \_\_\_\_ Work Phone \_\_\_\_\_ Address (if different from child) If parent or guardian cannot be reached, call: (Please notify this perstbrey are listed as an emergency contact) \_\_\_\_\_Relatiotoosidirjoid Phone:(day) \_\_\_\_\_ (evening)\_\_\_\_ Cellular/Pager PARTICIPANT HEALTH INFORMATION To be completed by parent/guardiaNameof Family Doctor\_\_\_\_\_ Phone (\_\_\_) \_\_\_\_\_ Health Insurance Company Policy
Nameof Insured Relationsh \_\_\_\_ Relationship to Participant My child is in the custodial care of: (check one) \_\_\_\_ both parents \_\_\_ mother only \_\_\_ other HEALTH HISTORY: (check and give approximate dates or explanation)\* Chronic or Recurring Illness Allergies Immunizations

\_\_\_ Ear Infections \_\_\_\_ Hay Fever \_\_\_ Are all required immunizations current?

\_\_ Rheumatic Fever \_\_\_ Ivy Poisoning \_\_\_ Yes \_\_\_ No Convulsions \_\_\_\_\_ Insect Stings \_\_\_\_ Date of last Tetanus immunization:\_\_\_\_ Diabetes \_\_\_\_\_\_ Penicillin \_\_\_\_\_ My child has permission to take a naspirin \_\_ Asthma \_\_\_\_\_\_ Other drugs \_\_\_\_\_ pain reliever. \_\_\_ Yes \_\_\_ No Nosebleeds \_\_\_\_\_ Food \_\_\_\_ If yes, dosage: \_\_\_\_\_ \_\_\_\_\_Other \_\_\_\_\_ Hospital Preference: \_\_\_\_\_ Other Operations or serious injuries within the last five years (date) \_\_\_\_\_ Is your child tarking exdications? \_\_\_ Yes \_\_\_ No Description current physical mental condition requiring medication, treatment, or special restoiotor considerations while at the workshop:

## WICHITA STATE UNIVERSITY WORKSHOP - CODE OF CONDUCT

As a participant in a Wichita State University Workshoppu are expected tonduct yourself in an appropriate nner To do that, you must:

- 1) Attend all sessions. If you are unable to attend, please tell the adult in charge.
- 2) Follow hours and room rules established beforewith the shopbegins. You are responsible to know the sfor each workshopevent
- 3) Dress appropriately. The adults in chandle have guidelines to help you.
- 4) Be responsible to know and use respectful and appropriate language and manners.
- 5) Be in the assigned program area (for example: domesting rooms motels, etc.) at all times.
- 6) Know that the use of tobacco, alcohol and-pæscriptiondrugs is specifically prohibited at all Wichita State University Workshopevents.
- 7) Demonstrate espect for other attende esticials, facilities and vehies. You and your parents/guardiavit be personally responsible for any damage caused as a refsytutur behavior.
- 8) Treat fellow participants with respect (as you would want to be treated).
- 9) Know that harassment of any type is inappropriate prohibited at alworkshopevents.

MEMBER: I have read the Wichita State University Works comple of Conduct above and in consideration of my participation in the workshapagree tomeethe expectations. I realiz)srhllmpat do n cd iul [(m)1dhavemimn che