

KANKAKEE COMMUNITY COLLEGE
TRiO TALENT SEARCH

Medication/Insurance Form

Department of Student Services
Kankakee Community College
100 College Drive, Kankakee, IL 60901-6505

Health insurance information: All information will be kept confidential.

1. Does your daughter/son have allergic reactions to anything?
 NO **YES**, please print what they are in the space provided below.

2. Do you have health insurance for your daughter/son?
 NO, please complete section below. **YES**

I, _____ parent/legal guardian of _____
Print parent/legal guardian's name Print your daughter/son's name

waive Kankakee Community College's TRiO Talent Search and the members, representatives, officers, agents and employees of each of them for any and all liability and health cost incurred during Kankakee Community College's field trips or other TTS sponsored events.

Current medication:

Please list all medications (prescription or over the counter) your student is currently taking and will be bringing on the trip:

Medication	Dose/frequency
_____	_____
_____	_____
_____	_____
_____	_____

Over the counter medication:

I give permission for _____ to be given the following over the counter medication. (Student's name)

- | | | |
|---------|------------------------------|-----------------------------|
| Tylenol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Advil | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tums | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rolaids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Parent signature (or student's if over 18) Date

TTS staff signature Date