



**Office of Youth Safety**  
**PEC Staff Emergency Contact/Media Release Form**  
**September 2024 - August 2025**

**PROGRAM/EVENT/CAMP (PEC) INFORMATION**

PEC NAME \_\_\_\_\_ PEC ID \_\_\_\_\_

PEC DATES \_\_\_\_\_

**IDENTIFICATION**

NAME \_\_\_\_\_ GENDER \_\_\_\_\_  
Last First MI (optional)

MAILING ADDRESS \_\_\_\_\_ CELL PHONE ( \_\_\_\_ ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE ( \_\_\_\_ ) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ EMAIL \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ CELL PHONE ( \_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE ( \_\_\_\_ ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ WORK PHONE ( \_\_\_\_ ) \_\_\_\_\_

**PHYSICIAN/INSURANCE INFORMATION**

NAME OF PHYSICIAN \_\_\_\_\_ PHONE ( \_\_\_\_ ) \_\_\_\_\_

OPTIONAL: MEDICAL/HOSPITAL INSURANCE \_\_\_\_\_

Carrier

Policy ID #

**APPROVAL/EMERGENCY AUTHORIZATION**

I hereby give permission in the event of accident or injury for the administration of emergency medical treatment, and to secure routine, non-surgical medical care as needed from a licensed health care provider acting within the scope of their practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood, and urine tests) and medical treatment as necessary.

PEC STAFF PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MEDIA RELEASE**

I hereby consent to being photographed by James Madison University (the "University") or anyone authorized by the University ("Agent"), and I hereby grant permission to the University or its Agent to use or reproduce any such video or photographs for the University's educational or promotional purposes only, in print, electronic form, or other media without any further compensation to me. Such video and photographs shall be solely owned by the University. I hereby waive any right to inspect or approve such photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I hereby agree to release and hold harmless the University from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in the production of the finished product.

- I consent to the above media release.
- I DO NOT consent to the above media release.

**PEC STAFF PRINTED NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_