

LENOIR~RHYNE UNIVERSITY

KIDS IN COLLEGE MEDICAL RELEASE

I, _____, do hereby authorize Lenoir-Rhyne **Kids In College** staff to act on my behalf in seeking any emergency medical treatment for my son/daughter, _____ during the program.

Signature _____ Date _____

COMPUTER/INTERNET RELEASE

I give permission to my son/daughter _____ to engage in computer use (including the use of the Internet) at Lenoir-Rhyne University during the **Kids In College** program. Students will be supervised at all times when on computers.

Parent Signature _____ Date _____

PHOTOGRAPHY RELEASE

I hereby give permission for my child, _____ to be photographed for the newsletter, **Kids In College** newspaper articles, web pictures for the LR website or other publications.

Parent Signature _____ Date _____