



Medical/Photo Release Form

I give permission for my child, to receive emergency medical treatment and care. I give my consent for the Math & Sciences Expo to use photos, videos, and/or audiotape that includes my child or me for the purpose of publicizing and promoting Math & Sciences Expo.

Student's Name (Please Print) _____

Student's School (Please Print) _____

Parent/Guardian/Adult Signature

Mail the printed and signed Medical/Photo Release Form and \$10.00 fee to:

Dr. Andrea Wallace
Department of Natural Sciences
College of Coastal Georgia
1 College Drive
Brunswick, GA 31520

-OR-

Return the printed and signed Medical/Photo Release Form and \$10.00 fee (students only) to:

College of Coastal Georgia,
Jones Building, Room 222

Make checks payable to CCGA

*****Payment and Medical/Photo Release Form must be received by Friday, January 23, 2015 to secure your registration*****