



# Stony Brook Children's

## Consent Form

By completing this form, I will take part in the Stony Brook Children's Hospital Prom on June 10, 2017. I understand that I am liable for my acts and behavior at all times. I agree not to hold Stony Brook Children's Hospital responsible for any damages or expenses that result from my acts or behavior and my guest's acts or behavior.

Filming: Please be advised that this event may be filmed and photographed for internal and external use. By attending this event, I consent to have my guest's and my name, voice and likeness or any combination there of being utilized in connection with the Stony Brook Children's Hospital.

By signing this form, I accept that I have read this information carefully and understand its content.

### Participant's Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Parent or Guardian Name if participant is under the age of 18 (print): \_\_\_\_\_

Parent or Guardian Signature if participant is under the age of 18: \_\_\_\_\_

### Participant's Medication Needs/Food Restrictions

Name and dosage of medication: \_\_\_\_\_

Time to take medication: \_\_\_\_\_

Allergies (including food, medications, other): \_\_\_\_\_

Special diet restrictions: \_\_\_\_\_

Any other concerns we should be aware of: \_\_\_\_\_

### Participant's Guest Information

*If participant would like to bring a guest, (sibling, friend, or date) please provide their information.*

*NOTE: Guests must be between 12 and 19 years old.*

Guest's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Guest's Signature: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Guest's Parent or Guardian Name if participant is under the age of 18 (print): \_\_\_\_\_

Guest's Parent or Guardian Signature if participant is under the age of 18: \_\_\_\_\_

### Please return this form by May 12 to

Stony Brook Children's Hospital, Attn. Sophie McHeffey  
100 Nicolls Road, Stony Brook, NY 11794-8500

Should you have any questions or concerns, contact us at (631) 638-2157, or via email: [sophie.mcheffey@stonybrookmedicine.edu](mailto:sophie.mcheffey@stonybrookmedicine.edu)