

MEDICAL WAIVER & LIABILITY RELEASE FORM

Please use separate form for each child and each program. Additional forms are available online.

Student Information:

Child's Name _____ Grade _____

Home Base Teacher _____

Parent/Guardian Information:

Name: _____ Mobile Phone: _____

Parent Email: _____

In the event my child is involved in an accident or becomes sick to the extent that he/she should not remain at enrichment, I understand that the mother/father/guardian will be immediately notified. If they cannot be contacted, the person listed above will be contacted. If the accident or illness is not of an emergency nature, the child will remain at camp until arrangements can be made for his/her home care.

Medical Waiver: In the event the accident or illness seems so severe that any delay in contacting a parent prior to seeking medical help will be dangerous to the child, or in the event the child needs IMMEDIATE medical attention and the parents CANNOT be located, the camp director has my permission to call 911, and/or to the child to a doctor or clinic with the understanding that I will bear the financial responsibility for transportation and treatment.

Photo waiver: I hereby give permission for my child's picture to appear in future camp publications.

No identification will be included.

Liability Release: The undersigned agrees and does hereby release from liability and to indemnify and hold harmless Socrates Academy and any of its employees or agents representing or related to the Academy. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any or accommodations for this class.

I agree to comply with the late pick up policies for the Before and After School Program policies.

Parent/Guardian Signature _____ Date _____