

2016
2017

Park School Visitor Emergency Release Form

for Students Visiting the Park School



VISITOR EMERGENCY RELEASE FORM

DIRECTIONS: PLEASE COMPLETE AND RETURN TO THE ADMISSION OFFICE

Visitor

name	date
visiting grade	host teacher/student

Photo Release

I understand that photos may be taken of my child during the course of the school day, and I hereby consent for utilization of such photos for admission purposes.

no yes

Emergency Contact Information

name(s) of person(s) to contact in case of an emergency	preferred phone number(s)
list any known allergies	list any medications your child takes regularly
list any restrictions to your child's activities and/or medical conditions of which the school should be aware	

In the event of an accident, permission is hereby granted to proceed with any appropriate medical or first aid treatment for the above-named participant. In the event of serious illness, should there be a need for a major surgery or medical procedure, I understand that every attempt will be made to contact the individuals listed above in the most expeditious manner possible. In the event they cannot be reached, I understand that it may be necessary to provide acute medical care, surgical procedures, and/or anesthesia without specific consent.

In consideration for the named participant's participation in the activity, I agree to assume responsibility for injuries caused by the Institution's and or its Representatives negligence.

parent/legal guardian signature	date
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