

2014-15 REACH K4 AFTERSCHOOL PROGRAM PERMISSION / RELEASE FORM

Child's Name _____ Age _____ Grade _____ Birthdate _____

Address _____ Home Phone _____

Father's Name _____ Work# _____ Cell# _____ Home# _____

Mother's Name _____ Work# _____ Cell# _____ Home# _____

E-mail address _____ Is there a number we can text you? _____

Allergies-food, environment, etc. _____

Information we should know about your child-medical, physical, emotional, spiritual, etc. _____

Child's Physician _____ Phone# _____ Hospital Preference _____

Person(s) to notify in an emergency if parents cannot be reached?

Name _____ Work# _____ Cell# _____ Home# _____

Name _____ Work# _____ Cell# _____ Home# _____

My child may/may not participate in walking trips to the park, playground, etc.(Please circle one)

My child will walk home/be picked up at the 5:00pm program end. (Please circle one)

ALL people who have permission to pick up your child must be listed on this form AND be prepared to show ID if requested to do so for child to be released to them.

Name _____ Work# _____ Cell# _____ Home# _____

Name _____ Work# _____ Cell# _____ Home# _____

Parent/Guardian Release for Emergency Care, Liability Release, and Permission for Participation: I hereby authorize an emergency service agency and physician or dentist associated with it to administer whatever medical care in their professional opinion is necessary for any minor child who is a participant in the Reach K4 After School Program. The hospital and any emergency service agency and their associated physicians, surgeons, and/or dentists have the authority to consult as necessary. This authorization is valid while the minor child is involved in the Reach K4 After School Program from September 11, 2014 through August 31, 2015. I understand that the Reach K4 After School Program is only responsible for children who attend the program. Attendance will be taken weekly. Program volunteers are not responsible for children who are registered but do not arrive at the program. The Reach K4 After School Program will take place every Thursday while school is in session, beginning September 11, 2014. **Children must be picked up by 5:10pm.** Failure to pick up child by 5:10pm may result in child's dismissal from program. The Reach K4 After School Program will not be held on days that the Edinburg Elementary School is closed due to weather, holidays, or school events taking place during the scheduled time, etc. I further agree to indemnify, hold harmless, release and forever discharge Reach K4 After School Program, the Edinburg Community School District #4, and the Edinburg Christian Church, along with its staff, eldership, and youth sponsors/volunteers from any claims which I or my heirs, or any other persons acting on my behalf have or may have against the Reach K4 After School Program by reason of any accident, illness, or injury or other consequences arising or resulting directly or indirectly from the participation of the minor child in the Reach K4 After School Program. This authorization is good while the child is involved in the Reach K4 After School program from September 11, 2014 through August 31, 2015, or until revoked by me, in writing.

Signature of Parent/Guardian _____ Date _____

Please use other side for additional persons authorized to be notified of emergency or to pick up your child.