

Eagle's Landing Christian Academy Summer Enrichment Camps

LIABILITY AND MEDICAL RELEASE

| Student Last Name | First | Middle | "Goes By" | DOB | Grade just completed | Sex |
|-------------------|-------|--------|-----------|-----|----------------------|-----|
|-------------------|-------|--------|-----------|-----|----------------------|-----|

As parent or legal guardian of the above named participant, I give permission for my child to attend the activities and/or events that Eagle's Landing Christian Academy/Fast Forward Summer Enrichment Camps will be conducting during the year 2012-2013. The participant and his or her parents/legal guardians will decide whether the individual will participate in any particular event during the year. If the participant and his/her parents/legal guardians elect to participate in any particular activity during 2012-2013, this authorization and consent shall apply. I understand that some functions will include transportation to and from functions locally and outside of McDonough, GA and will involve activities in which an adult will work with a group of students. The adult will not be able to provide individual attention and supervision to each participant at all times.

I, as parent or legal guardian, and on behalf of the above named participant, hereby release, hold harmless and indemnify Eagle's Landing Christian Academy/ Fast Forward Summer Enrichment Camps its officers, directors, employees, agents, partners, and volunteers from and against any and all claims, causes of action, actions and/or liability of every nature and kind pertaining to such activities waive and relinquish whatever right either may have or which might otherwise or might occur against ELCA, its officers, directors, employees, agents, partners and volunteers.

Student lives with: Both Parents **Mother** **Father** **Other** _____

May child be released to either parent? _____ **If not, legal documentation is required to be on file.**

| Father's Name | Place of Employment | Wk Phone | cell number |
|---------------|---------------------|----------|-------------|
|---------------|---------------------|----------|-------------|

| Mother's Name | Place of Employment | Wk Phone | cell number |
|---------------|---------------------|----------|-------------|
|---------------|---------------------|----------|-------------|

I agree to keep the facility informed of any changes in telephone numbers, etc., where I may be reached.

I give ELCA permission to use photographs, videotapes or other recordings of my child for promotional purposes of ELCA programs. Yes **No**

Sometimes, but not often, accidents happen and children are injured while at school or on a school function. ELCA does not employ a nurse during the summer or school breaks to provide assistance with accidents that result in injuries. ELFCB, ELCA, and their staff of employees are not responsible or liable for damages or the costs of medical care or treatment that the injury may necessitate. Provided the medical care and treatment of the participant is on the advice of a licensed physician, I authorize and request all physicians, hospitals or other providers of medical services to follow the instructions of any person identifying himself/herself as an adult supervisor of the students of ELCA/FFSEC, at any time and under any circumstances whatsoever. I understand that the authorization and consent herein provided includes any X-ray examination, anesthetics, medical or surgical diagnosis, or treatment, and hospital care rendered to the participant under the general or special supervision or on the advice of a licensed physician, surgeon and anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

In the event my child is sick or injured and I cannot be reached, please contact the following person(s) in this order. My child may also be released to the following person(s):

1. _____

| | | |
|------|-------------------|----------------------------|
| Name | Relation to child | Day phone/cell number/etc. |
|------|-------------------|----------------------------|

2. _____

| | | |
|------|-------------------|----------------------------|
| Name | Relation to child | Day phone/cell number/etc. |
|------|-------------------|----------------------------|

3. _____

| | | |
|------|-------------------|----------------------------|
| Name | Relation to child | Day phone/cell number/etc. |
|------|-------------------|----------------------------|

MEDICAL INFO:

| | | |
|--------------------------|--------------|------------------------|
| Child's Physician | Phone | Hospital choice |
|--------------------------|--------------|------------------------|

| | | |
|--|--------------|----------------------|
| Name of Child's Medical Insurance Co. | Phone | Policy Number |
|--|--------------|----------------------|

In the event we're unable to contact you, the school has permission to give: Tylenol ____ Motrin ____ Cough Drops ____
YCEP staff is authorized to apply bug spray to my child for outdoor activities: Yes ____ No ____
YCEP staff is authorized to apply sunscreen to my child for outdoor activities: Yes ____ No ____
In the event of an **allergic reaction** or **insect sting**, the school may give Benadryl or apply Benadryl Cream: Yes ____ No ____
Has your child had chicken pox or immunization? Yes/No

A child must wait 24 hours before returning to school if his/her temperature is 99.6 or higher.

What daily medication is the student taking? _____

To what medication is the student allergic? _____

To what food is the student allergic? _____

Any other allergies? _____

An Allergy Action Plan form is required if student has an allergy of any kind.

Does the student have asthma? __ Yes* __ No (*Please be sure we have an extra inhaler at school at all times.)

Explain any other **important medical conditions or special needs** we need to know. _____

Note: All medication must be sent to the school by the parent or guardian. Parents or guardians may send medicine for a child if both proper instructions and original containers are sent with the medicine. If your child is prone to having headaches or allergies, please send medication to be available as your child needs it.

By signing this application, I agree to all financial policies on the FFSEC enrollment forms including the following: Registration and holding fees are nonrefundable. Enrollments accepted within 1 week of attendance will result in a \$20.00 increase in weekly fee. Cancellation Policy: You must cancel at least 1 week in advance to avoid being billed for the week/schedule in question or to lower the tuition for that week. Weekly fees are not refundable when cancelled within 1 week of scheduled attendance. A signed change/withdrawal form is required 1 week in advance to alter billing. No billing can be altered within 1 week of attendance. A \$1.00 per minute late pick-up fee applies after 6PM (unless enrolled until 6:30PM) to be paid directly to staff member upon arrival. There is a \$5.00 fee any time your child is not signed in or out for issues of safety. There is a \$6.00 charge for providing an emergency lunch.

My child has my permission to ride school transportation for field trips during the FFSEC term. School policy is that all students must ride the school bus or van unless they ride with their parent/guardian. Students may not ride to or from a field trip with another parent without prior written authorization.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THIS RELEASE OF ALL LIABILITIES, AUTHORIZATION OF ALL MEDICAL TREATMENT BY A LICENSED PHYSICIAN, AND AGREE TO COMPLY WITH ALL FINANCIAL POLICIES OF YCEP. A PHOTOCOPY OF THIS DOCUMENT SHALL SERVE AS THIS ORIGINAL.

The consent, waiver, authorizations indemnification and release provisions hereof shall remain in full force and effect until written notice of revocation is received by ELCA and its office in McDonough, GA.

Parent / Legal Guardian Signature _____ Date _____