

Totally Kids Before & After School Release Form

Child(ren) Name: _____

Emergency Medical Consent

In the event that my child(ren) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to _____ hospital and Doctor _____ Phone _____ Address _____ or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. (The Before & After School Program states that every effort will be made to notify parents/guardians immediately in case of emergency.)

Travel Authorization

I DO I DO NOT (Circle one) give permission for my child(ren) to leave the Before and After School Program for trips in a school vehicle to special places, walks to the park, shopping trips, etc. I understand that I will be notified before each such activity.

Restrictions on such trips:

Each child riding in an automobile will be secured in a seat belt.

Additional restrictions set by parents:

Movie Authorization

I DO I DO NOT (Circle one) give permission for my child(ren) to watch any children's movie that is rated G or PG.

Photo Authorization

I DO I DO NOT (Circle one) give permission for my child(ren) to be photographed. Most photographs are only used in the program; however we are sometimes photographed by newspapers for publishing.

Restrictions set by parents:

Parent/Guardian Signature: _____ **Date:** _____