Photographic Release Form

During the school year and during our summer camps, we may have activities which may include photographing, filming, sound recording, and/or videotaping your child. These activities may include but may not be limited to the following:

Photographs for newsletters, the marketing materials, such as brochures, advertisements or videotapes, News media publications or broadcasts by professional or student journalists, as well as teaching materials.

Please fill out and sign one of the forms below:

Permission

I hereby give permission for my child, ____________________________________, to be photographed, filmed, recorded, and/or videotaped as described above for the academic year and during the summer camps for the duration of his/her enrollment with Ecole Jean-Jacques Rousseau.

__________________________________________________________________________

Parent’s Signature

Date

Refusal

I do not give permission for my child, ____________________________________, to be photographed, filmed, recorded, and/or videotaped as described for the academic year for the duration of his/her enrollment with Ecole Jean-Jacques Rousseau.

__________________________________________________________________________

Parent’s Signature

Date
Emergency Medical and Liability Release Form

I, the undersigned, am the parent/legal guardian of _________________________, who is enrolled with Ecole Jean-Jacques Rousseau.

By signing this document, I confirm that:

1. I wish to have my child registered in the program and to have him/her participate in any activities during the program;
2. I release Ecole Jean-Jacques Rousseau and its director, teachers, employees and volunteers assisting during the summer camp from any liability in connection with my child’s participation in any events and activities with Ecole Jean-Jacques Rousseau which includes, without limitation, any liability related to an accident, an injury or illness suffered by my child;
3. I authorize Ecole Jean-Jacques Rousseau and persons associated therewith to consent to medical treatment for my child, to select the medical personnel, hospitals and/or clinics to treat my child in case of any accident, injury or illness that may occur;
4. In the event of an emergency, I authorize Ecole Jean-Jacques Rousseau to contact my child’s doctor, to administer first aid, to take my child to a clinic or hospital (emergency room) or to take any other action deemed necessary by the school or its employees.

Physician’s Name ______________________________

Physician’s Address _______________________________________________________

Physician’s Phone Number ______________

_______________________________________                      ______________________
Signature of Parent or Guardian                          Date
Child Release Form For Authorized Pick-ups

Name of Child ____________________________________________

Persons Authorized to Pick up Child:
I authorize the following individuals to pick up my child from the program ANYTIME (include parents’ names, cross out any spaces not used):

Name _______________ Phone # ____________ Relationship _______________
Name _______________ Phone # ____________ Relationship _______________
Name _______________ Phone # ____________ Relationship _______________
Name _______________ Phone # ____________ Relationship _______________

I authorize the following individuals to pick up my child from school ONLY WHEN THEY HAVE WRITTEN CONSENT or I HAVE CALLED THE PROGRAM

Name _______________ Phone # ____________ Relationship _______________
Name _______________ Phone # ____________ Relationship _______________

In Case of Emergencies, please choose one of the following:

☐ The following individuals can be called in case of an emergency if I/we cannot be reached (e.g. in the event that my child becomes sick or requires non-emergency medical care), and I authorize these individuals to come and get my child if I cannot be reached:

Name _______________ Phone # ____________ Relationship _______________

Address: ________________________________________________________________

OR

☐ I/We, ____________________________, the parents of __________________

is/are the only authorized person/s to pick up my child, and I/we certify that I/we WILL ALWAYS BE AVAILABLE TO BE CONTACTED in case of an emergency.

Parents’ initials: _____ _____

____________________________________  ______________________________
Signature of parent or guardian                Date

________________________________________  ____________________________
Address                  City               State               Zip Code
Statement of Special Needs

Name of the child: _________________________________________

Most recent tetanus toxoid immunization: _______________________

Do you have health insurance (please circle one) yes no
If yes indicate the policy number, name and address of the company. Please include a copy front and back of your insurance card.

Company name/address:
________________________________________________________________________
________________________________________________________________________

Policy #: ________________________________

Does your child have any history of, or currently suffer from a heat related illness? yes no
If yes, please explain
________________________________________________________________________
________________________________________________________________________

Does your child have any history of allergies, including food and medication allergies, insects’ stings and/or plants? yes no
If yes, please explain
________________________________________________________________________
________________________________________________________________________

Does your child have a history of, or currently suffer from any medical condition (acute or chronic) with which we should be aware of? yes no
If yes, please explain
________________________________________________________________________
________________________________________________________________________
Does your child have any disability?  yes  no
If yes, please explain
________________________________________________________________________
________________________________________________________________________
_______________________ ____________________________________

Parent’s Signature  Date

Does your child have any limiting medical condition that would limit camp participation?  yes  no
If yes, please explain
________________________________________________________________________
________________________________________________________________________
______________________________________________________________

Is your child currently taking any medications that may interfere with ability to safely participate in camp?  yes  no
If yes, please explain
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Parent’s Signature  Date
Nutrition Policies

I, the undersigned, understand that parents and/or guardians provide their own children’s meals and snacks while they are in care with Ecole Jean-Jacques Rousseau. I agree that Ecole Jean-Jacques Rousseau is not responsible for the nutritional value of my child’s food or for meeting his/her daily food needs.

Parent’s Name __________________________________________

__________________________________
Parent’s Signature Date

Permission:

I hereby give permission for my child, _____________________ to be served snacks and/or meals for the summer program and/or the academic year for the duration of his/her enrollment with Ecole Jean-Jacques Rousseau. I agree that the Ecole Jean-Jacques Rousseau is not responsible for meeting the nutritional value of my child’s food or meeting his/her daily food needs or for any food reaction my child might develop.

__________________________________
Parent’s Signature Date

Refusal:

I do not give permission for my child, _____________________ to be served snacks and/or meals for the summer program and/or the academic year for the duration of his/her enrollment with Ecole Jean-Jacques Rousseau.

__________________________________
Parent’s Signature Date