Austin French for Kids
Medical/Release Forms

Photographic Release Form

During the school year and during our 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 spring/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 it's director, teachers, employees and volunteers assisting during the spring or summer camps 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 camps? **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 spring/summer programs 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 spring/summer program and/or the academic year for the duration of his/her enrollment with *Ecole Jean Jacques Rousseau.*

.

_____ _____
Parent's Signature Date