



## After School Discovery Program

### Medical and Emergency Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Email \_\_\_\_\_

Mother's name: \_\_\_\_\_ Home # \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's name: \_\_\_\_\_ Home # \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

#### **IF NEITHER PARENT CAN BE REACHED, IN AN EMERGENCY CALL:**

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Phone: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Dietary Requirements:** \_\_\_\_\_

**Disabilities:** \_\_\_\_\_



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### Permission Form

Child's Name: \_\_\_\_\_

**Emergency Treatment:** In the event of an illness or accident which requires immediate medical treatment, I give permission for the director or counselors at Apple Tree Learning Centers After School Discovery Program to authorize or perform such treatment. I will not hold the Apple Tree Learning Centers, medical personnel, or child care workers responsible. This is done with the understanding that every attempt will have been made to contact the parent, child's physician and other persons listed on the emergency contact.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

**Transportation:** I give permission for my child to be transported in the Apple Tree vehicles to and from all programs and activities.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

**Swimming:** I give permission for my child to participate in water play, which may include an occasional trip to the river, and swimming at various outdoor locations such as Lake Elmore, etc.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

**Publicity and Research:** I give permission for my child's photograph to be used in publicity for Apple Tree Learning Centers. I give permission for my child to be included in evaluations and pictures connected with the school program.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

I hereby assume all risk of injury to my child arising out of his/her participation in this Apple Tree Learning Centers program. I specifically release Apple Tree Learning Centers from any and all liability as to any right of action or claim to relief. I further hold Apple Tree Learning Centers and Bill Minter and each of its employees harmless from any and all liability, actions, causes of actions, debt claims and demands of every kind and nature whatsoever which now have or which may arise from or in connection with my child's participation in any other activity related thereto.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Signature of parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_