

Parental Agreement

I hereby certify that the below mentioned participant is in good health and fully able to participate in all activities at the Academy of Physical and Social Development. I recognize that there is a possibility of physical injury associated with these activities and in consideration for the Academy placing my child into its program, I hereby release, discharge and/or otherwise indemnify the Academy, its employees and associated personnel, against any claim by or on behalf of my child as a result of his/her participation in the program.

In the event neither parent can be reached in an emergency, I hereby give permission to the physician selected by the Administration of the Academy to provide treatment for my child.

_____	_____
Child's Name	Parent's Signature
_____	_____
Date	
Parent's Name: _____	Work: () _____
	Home: () _____
Parent's Name: _____	Work: () _____
	Home: () _____
Cell Phone/Pager Numbers: _____	
**Best number to be reached at: _____	
Emergency contact: _____	Phone: () _____
(other than parent)	
Pediatrician: _____	Phone: () _____
Dentist: _____	Phone: () _____
Food allergies? ___ Yes ___ No	If yes, provide details: _____

Diagnosis (medical / mental health) _____	

CONTINUED ON THE REVERSE SIDE

Current medication(s): _____

Allergic reaction to any medication? ___Yes ___No If yes, provide details:

Does your child carry an Epi-Pen? ___Yes ___No Inhaler? ___Yes ___No

Details of any chronic illnesses: _____

Details of any operations or serious injuries or illnesses: _____

Health Insurance: Name of Carrier: _____
Policy Number: _____

Authorization to Transport

Please list any person(s) you give permission to transport your child from the Academy:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Parent's Signature

Date