Academy
of Physical & Social Development

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: _____ Cell: ( ) _____
Home: ( ) _____
Work: ( ) _____

Parent's Name: _____ Cell: ( ) _____
Home: ( ) _____
Work: ( ) _____

***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

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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: _____

Is there anything in your child's medical history that would prevent their full participation? _____

_____

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**