

**Summer
Emergency/Medical Information**

Student's Name _____ Birth Date _____
Address _____ Home Phone _____
Mother's Name _____ Bus. Phone _____ Cell _____
Father's Name _____ Bus. Phone _____ Cell _____

IN CASE OF ILLNESS, PLEASE LIST NAMES & TELEPHONE NUMBERS TO BE CALLED IN AN EMERGENCY IF PARENT CANNOT BE REACHED.

Name	Address	Phone

In the event of an emergency and I cannot be reached, I give my permission for my son/daughter to be given immediate medical care at a hospital or other medical/dental facility.

Doctor's Name _____ Phone _____
Medical Insurance _____
Date _____ Parent/Guardian Signature _____

TO BE COMPLETED BY PARENT:

Medical/Orthopedic/Emotional Conditions _____
Explain _____
Allergies _____
Allergy medication prescribed _____
Does your child have a medical allergy that requires an epipen be at school? ____ Yes ____ No
Medication taken daily _____
Medications to be taken while attending the program _____
Other comments _____
Date of last physical _____
Parent/Guardian Signature _____

In-district students only: I give permission for my child's school to release a copy of his/her medical record to the Summer Plus program. Parent/Guardian signature _____

(THIS FORM MUST BE SUBMITTED WITH APPLICATION.)

All out of district students will be sent an additional form to be completed by the student's physician.

HOLD HARMLESS, INDEMNITY AND RELEASE:

In consideration of permission for my child to voluntarily participate in the Summer Plus/Great Summers/Summer Magic programs, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Morris School District Community School, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my child's participation in the above-listed programs. This release includes claims based on the negligence of the Morris School District Community School, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand and agree that this waiver covers each and every Summer Plus/Great Summers/Summer Magic activity and event in which my child participates.

Signature of Parent or Guardian _____ Date _____

PHOTO PERMISSION:

Please circle: I Do I Do Not give permission to have my child appear in any media coverage approved by the Community School.

Please circle: I Do I Do Not give permission to have my child appear in the Summer Plus yearbook. **NO NAMES WILL BE USED.**

Parent/Guardian _____
Signature _____