**Summer Plus**

**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**

**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.**

**Student’s Medical Home: 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/Leadership for Tomorrow 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/Calling All Kids/Leadership for Tomorrow activity and event in which my child participates, including the swimming program conducted at Idlewild Pool.

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.**

**Parent/Guardian’s name:**

**Signature:**