



# Austin French for Kids Medical/Release Forms

## Photographic Release Form

During the school year and during our summer camps , we may have activities which may include photographing, filming, sound recording, and/or videotaping your child. These activities may include but may not be limited to the following:

Photographs for newsletters, the marketing materials, such as brochures, advertisements or videotapes, News media publications or broadcasts by professional or student journalists, as well as teaching materials.

Please fill out and sign one of the forms below:

### Permission

I hereby give permission for my child, \_\_\_\_\_, to be photographed, filmed, recorded, and/or videotaped as described above for the academic year and during the summer camps for the duration of his/her enrollment with *Ecole Jean-Jacques Rousseau*

\_\_\_\_\_

Parent's Signature

Date

### Refusal

I **do not** give permission for my child, \_\_\_\_\_, to be photographed, filmed, recorded, and/or videotaped as described for the academic year for the duration of his/her enrollment with *Ecole Jean-Jacques Rousseau*.

\_\_\_\_\_

Parent's Signature

Date



# Austin French for Kids Medical/Release Forms

## Emergency Medical and Liability Release Form

I, the undersigned, am the parent/legal guardian of \_\_\_\_\_, who is enrolled with Ecole Jean-Jacques Rousseau.

By signing this document, I confirm that:

1. I wish to have my child registered in the program and to have him/her participate in any activities during the program;
2. I release *Ecole Jean-Jacques Rousseau* and its director, teachers, employees and volunteers assisting during the summer camp from any liability in connection with my child's participation in any events and activities with *Ecole Jean-Jacques Rousseau* which includes, without limitation, any liability related to an accident, an injury or illness suffered by my child;
3. I authorize *Ecole Jean-Jacques Rousseau* and persons associated therewith to consent to medical treatment for my child, to select the medical personnel, hospitals and/or clinics to treat my child in case of any accident, injury or illness that may occur;
4. In the event of an emergency, I authorize *Ecole Jean-Jacques Rousseau* to contact my child's doctor, to administer first aid, to take my child to a clinic or hospital (emergency room) or to take any other action deemed necessary by the school or its employees.

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# Austin French for Kids Medical/Release Forms

## Child Release Form For Authorized Pick-ups

Name of Child \_\_\_\_\_

### Persons Authorized to Pick up Child:

I authorize the following individuals to pick up my child from the program ANYTIME (include parents' names, cross out any spaces not used):

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

I authorize the following individuals to pick up my child from school ONLY WHEN THEY HAVE WRITTEN CONSENT or I HAVE CALLED THE PROGRAM

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

### In Case of Emergencies, please choose one of the following:

The following individuals can be called in case of an emergency if I/we cannot be reached (e.g. in the event that my child becomes sick or requires non-emergency medical care), and I authorize these individuals to come and get my child if I cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

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

**OR**

I/We, \_\_\_\_\_, the parents of \_\_\_\_\_

is/are the only authorized person/s to pick up my child, and I/we certify that I/we WILL ALWAYS BE AVAILABLE TO BE CONTACTED in case of an emergency.

Parents' initials: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code



# Austin French for Kids Medical/Release Forms

## Statement of Special Needs

Name of the child: \_\_\_\_\_

Most recent tetanus toxoid immunization: \_\_\_\_\_

Do you have health insurance (please circle one)      **yes**      **no**

If yes indicate the policy number, name and address of the company. Please include a copy **front and back** of your insurance card.

Company name/address:

\_\_\_\_\_  
\_\_\_\_\_

Policy #: \_\_\_\_\_

Does your child have any history of, or currently suffer from a heat related illness?

**yes**                      **no**

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any history of allergies, including food and medication allergies, insects' stings and/or plants?      **yes**                      **no**

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a history of, or currently suffer from any medical condition (acute or chronic) with which we should be aware of?      **yes**                      **no**

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Austin French for Kids Medical/Release Forms

Does your child have any disability?  
If yes, please explain

**yes**

**no**

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Parent's Signature

.....  
Date

Does your child have any limiting medical condition that would limit camp participation?

**yes**

**no**

If yes, please explain

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Is your child currently taking any medications that may interfere with ability to safely participate in camp?

**yes**

**no**

If yes, please explain

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Parent's Signature

.....  
Date



# Austin French for Kids Medical/Release Forms

## Nutrition Policies

I, the undersigned, understand that parents and/or guardians provide their own children’s meals and snacks while they are in care with *Ecole Jean-Jacques Rousseau*. I agree that *Ecole Jean-Jacques Rousseau* is not responsible for the nutritional value of my child’s food or for meeting his/her daily food needs.

Parent’s Name \_\_\_\_\_

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

### Permission:

I hereby give permission for my child, \_\_\_\_\_ to be served snacks and/or meals for the summer program and/or the academic year for the duration of his/her enrollment with *Ecole Jean-Jacques Rousseau*. I agree that the *Ecole Jean-Jacques Rousseau* is not responsible for meeting the nutritional value of my child’s food or meeting his/her daily food needs or for any food reaction my child might develop.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

### Refusal:

I **do not** give permission for my child, \_\_\_\_\_ to be served snacks and/or meals for the summer program and/or the academic year for the duration of his/her enrollment with *Ecole Jean-Jacques Rousseau*.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date