

The Eliot School • Summer Program for Children • 2019

PLEASE PRINT CLEARLY AND RETURN TO THE ELIOT SCHOOL on or by the first day of the first session your child(ren) will attend: The Eliot School, 24 Eliot Street, Jamaica Plain MA 02130 III dnguyen@eliotsschool.org

Student Name: _____

Address _____ City _____

State _____ Zip Code _____ Date of Birth _____

Parent/Guardian Name One: _____ Primary Phone: _____

Parent/Guardian Name Two: _____ Primary Phone: _____

Preferred E-mail: _____

Emergency Contact: (other than those listed above)

Name: _____

Phone: _____

SUMMER WEEKS ATTENDING (please check all that apply):

_____ June 17-21 _____ June 24-June 28 _____ July 1-5

_____ July 8-12 _____ July 15-19 _____ July 22-26

_____ July 29-August 2

Medical Information

Please fill in all appropriate categories; if none apply please go to the next section:

Inhaler:

___ My child uses an inhaler.

___ My child will keep the inhaler with him/her at the Eliot School to use it as needed.

___ I will drop off the inhaler with him/her at the Eliot School to be kept in the office.

Epi-Pen:

___ My child has an Epi-Pen. They will bring it to the Eliot School on the first day.

Please check one:

___ My child is capable of administering the Epi-Pen without assistance.

___ My child will need adult assistance.

Allergies:

My child is allergic or sensitive to _____

Severity of reaction is _____ and the symptoms include:

Medication:

___ My child must take medication (other than Inhaler or Epi-Pen) during program time.

___ My child is capable of administering the medication without assistance.

___ My child will need adult assistance.

Other:

Please comment on any other medical or safety issue we should be aware of, or anything we should know to better serve your child: _____

In case of emergency, if we are unable to reach a child's designated emergency contacts and if it is deemed necessary for my/our child to be taken to a hospital for medical treatment, I/we give permission to have my child taken by ambulance to the nearest hospital.

Parent/Guardian Signature

_____ Date _____

Release and Indemnification

I/we agree to hold the Eliot School harmless, and to indemnify the school and its personnel against any loss, cost, damage, or expense that I/we or my/our child may incur through participation in the Eliot School's Summer Program for Children.

Parent/Guardian Signature

_____ Date _____

Photo Release

I/we give permission for photo images of my child that may be taken during the Eliot School's Summer Program for Children to be used in materials to promote the Eliot School. I/we understand that my/our child's name will not be used, and that images will be for the sole use of the Eliot School.

Parent/Guardian Signature

_____ Date _____

Permission to leave Eliot School grounds

I/we give permission for my/our child to leave Eliot School grounds on foot with an Eliot School instructor as part of his/her class. All such trips will be within walking distance and might include the Arnold Arboretum, Jamaica Pond and the immediate neighborhood.

Parent/Guardian Signature

_____ Date _____