

The Eliot School • Summer Program for Children • 2020

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 summerchildren@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 15-19 _____ June 22-June 26 _____ June 29-July 2
_____ July 6-10 _____ July 13-17 _____ July 20-24
_____ July 27-31

Medical Information

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

Inhaler:

- ___ My child has Asthma.
- ___ My child uses an inhaler.
- ___ My child will keep the inhaler with them at the Eliot School to use it as needed.
- ___ I will drop off the inhaler with them 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 _____