

MEDICAL RELEASE FORM*(Please complete one form for each child)*

Child's Name

Date of Birth

Address

City

In the event of an emergency, please contact:

(1) Parent/Guardian

Relation

e-mail

Home Phone

Work

Cell

(2) Parent/Guardian

Relation

e-mail

Home Phone

Work

Cell

Friend/Relative

Relation

Home Phone

Work

Cell

Should none of these contacts be available, I hereby authorize the administration of any treatment deemed necessary by the following doctors:

Preferred Physician

Phone

Preferred Dentist

Phone

Please list all known medical conditions, physical impairments, food allergies and/or drug allergies, etc. In addition, list all over-the-counter and/or prescription drugs taken regularly. _____

CONSENT: *I, _____, hereby grant permission for any and all medical attention to be administered to my child in the event of any accidental injury or illness until such time as the above listed can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance and any other medical attention as may be required under the recommendation of qualified medical personnel.*

Parent/Guardian Signature

Date

AUTHORIZED PICK-UPS: Names of People Authorized to Pick-up this Child and Relationship to Child**SUNSCREEN:** May be administered to my child when needed: Yes _____ (to be provided by parent) No _____**PHOTO AUTHORIZATION:** My child's photo may be used to promote HMS's clubs or programs in the media, publications or website.

No name identification will be used. (Excludes group photos.) Yes _____ No _____

OUTREACH: How did you hear about HMS's summer programs? Printed Ad _____ Word of Mouth _____

HMS Website _____ Brochure _____ Other _____

*******PLEASE TURN OVER TO COMPLETE TRANSPORTATION RELEASE IF APPLICABLE*******



HUDSON | MONTESSORI SCHOOL

RELEASE FORM FOR CAMPS/SERVICES PROVIDING TRANSPORTATION VIA HMS VAN(S)

Student's Name: _____

Hudson Montessori Employee Providing Transportation: HMS Staff Member

Please Select Summer Camp Program or Service Name

- HMS Math Camp by Mathnasium
- River Runners and/or Family Kayak Outing
- Horse Camp
- Introduction to Aviation (for Field Trip on Friday to MAPS Museum)
- Hudson Hikes & Nature Crafts
- The Great Big Acting Camp (for Field Trip on Friday to Magical Theatre Company)

Please Fill out the Selection Below if Signing Up for Transportation to/from Your Residence

- HMS Shuttle to/from _____

Destination Name & Address: Dependent upon program; see program descriptions

Date(s) & Time of Trip: Dependent upon program; see program descriptions

Please select the car seat(s) your child(ren) uses:

**HMS will supply a car seat for your child*

- Five Point Booster Car Seat
- Booster Car Seat with Back
- Booster Car Seat without Back
- Does not use a Booster Seat

I, _____, give permission for the above named Child/ren to participate in the field trips or outings listed above with transportation provided by the above listed Hudson Montessori School Employee, for the date/s listed above. I understand that Hudson Montessori School is not responsible for the negligence of persons not employed by HMS. Supervision will be provided by School staff, parents, and/or other volunteers. Should a parent or guardian choose to withdraw this consent or restrict any of the above-named student's activities, written notification must be provided to the school no less than 24 hours prior to the scheduled trip/activity.

Parent's/Guardian's Signature: _____ **Date:** _____