



LAURENCE SCHOOL

Laurence School Summer Camp **General Waiver and Release**

The undersigned parent(s)/guardian(s) of _____ (child's name), a minor (the "Camper"), hereby give my/our full consent and permission for the Camper to participate in all recreational, athletic, co-curricular, and extra-curricular activities offered by Laurence School (the "School") as part of its August Sports Camp Programs ("Camp Programs") during the period of August 5 -9, 2019, including, without limitation, classroom activities, enrichment classes, recess, physical education, general playground activities, field trips, all individual and team athletic activities, and all activities provided by outside vendors, including, without limitation, moon bounce, indoor slides, water slides, and activities involving puppies (collectively referred to hereinafter as the "Activities"). I/We understand that by participating in the Activities, the Camper may be subjected to physical dangers inherently present in the Activities which are impossible for the School to fully control, anticipate, or eliminate.

I/We represent to the School that the Camper is physically fit and able to participate in the Camp Programs and Activities.

In exchange for permitting the Camper to participate in the Activities, to the extent permitted by law, I/we agree to waive all claims for damages, expenses, and costs that I/we may have, or which may subsequently accrue to me/us or the Camper against the School, its employees, officers, agents, representatives, and assigns for death, personal injuries, and losses to property, real or personal, caused by or arising out of the Camp Programs and/or the Activities due to ordinary negligence.

I/We also agree to any of the School's staff, employees, agents, or representatives administering, or consenting to the administration, of any and all necessary medical services to the Camper under the general or special supervision and upon the advice of a physician or surgeon licensed under California law. I/We hereby authorize medical treatment in case of emergency. I/We understand and acknowledge that the School does not carry or maintain health, medical, or disability insurance coverage for the Camper and therefore agree to assume the responsibility for the cost of any such emergency medical care and warrant that I/we carry such insurance coverage for and on behalf of the Camper. I/We further agree to provide the School with current information concerning the Camper's medical or physical conditions, including, but not limited to, any allergies the Camper may have, medications the Camper takes, and whether the Camper suffers from asthma. I/We will also provide names and phone numbers for emergency contact(s).

I/We hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to the School representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

Additionally, Campers are photographed and video recorded as they participate in Activities during the Camp Programs. The photos and videos are used in school-related promotional and advertising materials disseminated to the public through newspapers, magazines, admission materials, our website, social media, and other channels deemed appropriate and safe by School. I/We give School permission to use, edit, reproduce, and publish photographs, video, and audio of the Camper, both while he or she attends School's Camp Programs and thereafter in perpetuity. This authorization permits the use of photographs, video, and audio, in any medium or form of distribution, including, but not limited to, School's website, newsletters, brochures, yearbook, media outlets, promotional materials, or in any other manner as determined by the sole discretion of School. I/We understand that if I/we would like to opt out of this releases contained in *this* paragraph, I/we agree to fill out a Photo and Video Opt Out Form, which can be obtained from the School's front office. The consent contained herein this will remain in effect until changed in writing by using the aforementioned opt-out form.

If BOTH parents/guardians are living and BOTH have legal custody of the Camper, BOTH are required to sign this General Waiver and Release.

Signature of Parent/Guardian _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

TO: ANY AND ALL DOCTORS, RADIOLOGISTS, PHARMACISTS, NURSES, HOSPITALS, MEDICAL FACILITIES, HEALTH MAINTENANCE ORGANIZATIONS (HMOs), DENTISTS, AND/OR THEIR AGENTS, EMPLOYEES, AND REPRESENTATIVES:

(I/We), the undersigned, parent(s) or legal guardian(s) of _____ (child's name), a minor, do(es) hereby authorize(s) Laurence School, through its adult agents, employees, and representatives, to obtain for said minor in the event of illness or injury, any medical and/or dental care that may be necessary and reasonable as circumstances may require while said minor is under care or supervision of Laurence School.

This authorization is given pursuant to Family Code Section 6910 to permit Laurence School to obtain immediate medical care for the above-name minor as she/he may require. The undersigned gives Laurence School the authority to consent to any such medical/dental care including but not limited to: any first aid, paramedic care, x-rays or x-ray examinations, examinations, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of, any physician, dentist, or surgeon licensed under the provisions of the Medical Practice Act (or a dentist licensed under the Dental Practice Act) and on the medical staff of any accredited hospital. Such diagnosis or treatment may be rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to the Laurence School representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

Further, this authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. Although I understand that Laurence School does not have medically certified personnel on staff, in the event of a medical emergency, I hereby authorize Laurence School personnel trained in CPR and first aid to render any medical treatment deemed reasonable, appropriate, and necessary under the circumstances, including but not limited to the administration of treatment by way of epi-pen and CPR.

This authorization shall remain effective from **August 5 - 9, 2019**, unless sooner revoked in writing and delivered to said agent(s).

Should it be necessary for my/our child to receive medical treatment while under Laurence School's care or supervision, I/We hereby authorize Laurence School personnel to use their judgment in obtaining medical service for my/our child and to take any necessary action in the event of an emergency. I/We further give my/our permission to my/our child's personal physician, or, if he/she cannot be reached, to any physician selected by Laurence School personnel to render medical treatment deemed necessary and appropriate. I/We accept and agree that Laurence School and its personnel (including, but not limited to, Laurence Faculty/Staff/Administration and/or any adult or student counselors) cannot and will not be legally liable for any accidents or injuries to my/our child, including those requiring medical treatment as contemplated herein, or from any damages or injury stemming from such treatment. Also, if medication is to be given to my/our child, Laurence School and its personnel will not be legally or financially liable for administering such medication or from any adverse effects from administering the medication. Laurence School should be aware of the following conditions or allergies that may effect my/our child as follows:

My/our child is allergic to bee stings: Yes _____ No _____ (If yes, appropriate medication must be sent in with a doctor's note.)

Please list any severe allergies: _____

Please list any allergies to medication: _____

I/we agree to all of the terms and conditions herein and give full authorization as stated above to Laurence School.

Date _____ Parent/Legal Guardian _____

Date _____ Parent/Legal Guardian _____

SPECIAL EMERGENCY INFORMATION

After a major earthquake or similar catastrophe, Laurence School will keep all children under its supervision until they can be picked up by their parents or any authorized adult(s) listed below. No child will be allowed to walk home.

In the event of a natural disaster, I authorize Laurence School to release my child to either parent or to the adult(s) listed below:

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Out of State Contact:

Name _____ Telephone _____

LAURENCE SCHOOL AUGUST SPORTS CAMP 2019 DAILY PICK UP LIST

Please list below all persons who are authorized to pick up your child(ren) from school (this is not for emergency situations, but for daily pick up only).

Student_____Grade_____

Student_____Grade_____

Student_____Grade_____

The people listed below are authorized to pick up my child(ren)

NAME	RELATIONSHIP TO CHILD	CELL PHONE NUMBER
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NAME	RELATIONSHIP TO CHILD	CELL PHONE NUMBER
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NAME	RELATIONSHIP TO CHILD	CELL PHONE NUMBER
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NAME	RELATIONSHIP TO CHILD	CELL PHONE NUMBER
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If your child(ren) are to leave with anyone other than those listed above or his/her/their regular carpool, please notify the Front Office by email (office@laurenceschool.com) with your child(ren)'s full name and the name of the person picking him/her/them before 1 P.M.

Please notify the Front Office in writing of any regular additions or deletions.

**Please return to the Front Office immediately (BEFORE CAMP BEGINS).
Thank you!**