

GOOD SHEPHERD EPISCOPAL SCHOOL (“GSES”) 2020-2021 SCHOOL YEAR

REC'D _____

Consent, Authorization and Release –

SNAP _____

Required Each School Year -- Due April 1, 2020, for Returning Students -- Due July 15, 2020 for New Students

Student Name: _____ Birthdate: _____ Grade Fall 2020: _____

Allergies/**All** Daily Medications (including ones given at home): _____ Date of Last Tetanus: _____

Allergies, Asthma, Medical Diagnoses, Rx Medications, Surgeries, and Hospitalizations please enter dates and details at WWW.STUDENTEHR.COM

Parent/Guardian Name: _____ Cell Phone: _____ Email: _____

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AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT: IN THE EVENT MY CHILD BECOMES ILL AT SCHOOL OR IN A SCHOOL-RELATED EVENT AND I CANNOT BE REACHED, I authorize GSES, in its sole discretion, to take one or more of the following actions: A) secure any emergency medical transportation necessary; B) release my child to the person/people listed below. C) administer epinephrine or any similar drug by licensed or unlicensed personnel in the event the Student exhibits symptoms which the school believes reflect anaphylaxis or other severe allergic reaction; D) render other first aid that may be needed if the situation allows while awaiting arrival of emergency medical assistance and/or emergency contact(s).

GSES is not financially responsible for any medical care or transportation provided for or on behalf of my child. I further authorize the hospital and any attending medical personnel to perform any diagnostic procedures and/or treatments required, including blood transfusions.

Emergency Contact Name: _____ Cell Number: _____

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Please check boxes for medications your child may receive in the GSES Clinic:

Tylenol Advil Benadryl oral Benadryl cream Caladryl Lotion Refresh eye drops

I authorize GSES, in its sole discretion, to administer the above medications when the Student exhibits symptoms which the school believes reflects the need noted by any symptoms/reactions. I understand these medications will be given per package directions and appropriate substitutions and/or generic equivalents may be used.

Signature of Parent or Guardian (CONSENT to Medical Treatment and OTC Stock Medications, as stated above)

Date

Authorization and Release to Participate in Athletics, Physical Education, School Trips and Classroom of the Earth: (the “Activities”). Carefully read this release. It includes a release of claims against GSES and its employees, governing board, officers, volunteers, agents, program directors and/or instructors (collectively “the School”), including but not limited to a release of claims caused by the negligence or strict product liability of the School. This release is to be construed as broadly as possible. It includes a release of claims against the School for its, joint or singular, sole or contributory, negligence or strict liability, including liability arising from the alleged violation of any statute (other than those prohibiting discrimination based on race, age, sex or other classification which has experienced historical discrimination), resulting from, relating to, or arising out of participation, directly or indirectly, as a participant or spectator, or in any other capacity, in the Activities.

I, on behalf of myself and/or the Student, agree to allow the Student to participate in the Activities. I authorize the Student to travel to the Activities with transportation provided by the school’s buses or paid carriers. I understand the Activities and transportation to them involve health risks and a danger of accidents, including the possibility of death. I understand that although the School considers the health and well-being of all its students important, there are inherent risks in these Activities and the School does not exercise similar control over the environment as the Student may otherwise experience during typical classroom instruction. Knowing this I assume any risks.

In consideration of GSES allowing the Student to participate in the Activities and other good and valuable consideration, the receipt of which is acknowledged, **I on behalf of myself and the Student and any other minor child or legally incapacitated person for whom I can execute this document, my heirs, assigns and any other person or entity claiming to have legal rights by and through me, release and agree to defend, indemnify and hold harmless, GSES, from all claims of and/or liability for personal injury, property damage or wrongful death, including, but not limited to, claims or liability of GSES and the School based, directly or indirectly, on the School’s negligence, contributory negligence, strict products liability, and/or liability under any statute resulting from, relating to, or arising out of: (i) participation in the Activities; (ii) transportation during, to or from the Activities; (iii) operation of any equipment; (iv) use of any of GSES facilities, equipment, or tools; (v) the School’s supervision, whether proper or improper, or failure to supervise students, participants, volunteers or educators; and/or, (vi) any other act or omission of GSES or its students resulting from, relating to or arising out of the Activities. I intend this release to be as broad as possible.**

ATTN PARENTS OF STUDENTS WHO DO NOT HAVE AN ALLERGY ACTION PLAN. PLEASE READ THE FOLLOWING CAREFULLY (IF YOUR STUDENT HAS AN ALLERGY ACTION PLAN, PLEASE REFER TO THE SAME): I authorize GSES and the School to administer epinephrine (Stock EPI) or any similar drug in the event the Student exhibits symptoms which the School believes reflect anaphylaxis or other severe allergic reaction. I understand that the School does not hold itself out as a medical professional and that any individual working with the School may refuse to administer anaphylaxis medication as they deem necessary for the health and welfare of the Student. I hereby release the School from any and all claims of negligence by the School relating to, arising out of, or growing from administering, or deciding not to administer, anaphylaxis medication to the Student.

Signature of Parent or Guardian (CONSENT to AUTHORIZATION and RELEASE, as stated above)

Date