



Medical Permission and Release Form

The following information will be used for all Alameda String Academy events. Please take a few moments and complete all information correctly, i.e., check spelling of names, addresses, zip codes, phone numbers, etc. **Please complete both sides of this document.**

Student's Name _____ Date Completed _____

Address _____ Phone _____

Age _____ Birth Date _____ Grade in Fall _____ Sex (circle): MALE / FEMALE

Parent/Guardian 1: _____ Circle: Father / Mother

Cell Phone _____ Text? [] Yes [] No Work Phone _____ Text? [] Yes [] No

Address _____ Email _____

Parent/Guardian 2: _____ Circle: Father / Mother

Cell Phone _____ Text? [] Yes [] No Work Phone _____ Text? [] Yes [] No

Address _____ Email _____

In the case of an emergency and a parent/guardian cannot be reached, please contact:

Name _____ Phone _____ Relationship _____

In addition to those listed above, the following individuals are authorized, upon proof of identification, to pick my child up from an ASA facility or event:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

BACKGROUND

List any medical, physical, emotional, behavioral, psychological or social conditions that may affect your child's experience at ASA. Conditions may include learning or physical special needs, anxiety or autism. Please also include any relevant past medical treatment. If none, write "none."

Please provide any additional information or special tips to help us address these conditions.

REQUIRED EMERGENCY MEDICAL INFORMATION

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Primary Health Insurance Company _____

Primary Insured _____ Policy No. _____ Group No. _____

Insurance Company Telephone Numbers _____

CAMP ONLY List Date of Last Tetanus Immunization: _____ (MM/DD/YYYY)

CAMP ONLY Daily Medication Requirements: ***Medication that needs to be dispensed at camp must be brought to ASA in its original pharmacy container, including child's name and dosage instructions.***

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Allergies: _____

Please describe the type and severity of reaction if your child is exposed to allergens and the requested course of action if an allergic reaction occurs.

Other Important Medical Information: _____

LIABILITY WAIVER / MEDICAL CONSENT

Alameda String Academy (together with their respective officers, employees and agents) and each volunteer assisting them are collectively designated by the abbreviation "ASA" throughout this entire form and the term "ASA" shall refer to them individually as well as collectively.

- I (we) hereby authorize ASA to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached after reasonable attempt to do so.
 - I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat my (our) child in the case of emergency in which the before named physician or dentist cannot respond.
- I (we) hereby authorize ASA to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.
- I agree to the release of any records necessary for insurance purposes.
- I (We) hereby DO or DO NOT consent to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.
- I (we) hereby do authorize ASA to dispense to my (our) child over-the-counter medications (according to proper dosage instructions) when reasonable deemed necessary.
- The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.
- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by ASA.
- I (we) hereby authorize ASA to transport my (our) child to or from ASA and/or any other ASA related and sponsored activities and events.
- I (we) hereby release, forever discharge and agree to defend and hold harmless ASA from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with ASA.
- I (we) (and on the behalf of my (our) child) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.
- Further authorization and permission is hereby given to ASA to furnish any necessary transportation, food, and lodging for my (our) child.
- The undersigned further hereby agrees to hold harmless and indemnify ASA from and against any claim against or loss incurred by ASA as the result of the negligent, willful or intentional acts of my (our) child, including any expense incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by ASA via email at info@alamedastringacademy.com. I (we) acknowledge and agree that it is my (our) responsibility to notify ASA of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form, or to info@alamedastringacademy.com.

PHOTO RELEASE

I DO I DO NOT give ASA permission to publish photographs or video footage taken of my child during ASA related activities or events.

Parent/Guardian Signature _____ Date _____ (MM/DD/YYYY)