



Apple Tree Discovery

MEDICAL EMERGENCY AND PERMISSION FORM

Child's Name: _____

Date of Birth: _____ Age _____

Address: _____

Home phone #: _____ Email: _____

Mother's name: _____ Father's name: _____

Best Contact phone numbers: _____

Allergies: _____

Medications: _____

Dietary Requirements: _____

Disabilities: _____

Emergency Treatment: In the event of an illness or accident that requires immediate medical treatment, I give permission for the director or counselors at Apple Tree Learning Centers Discovery Program to authorize or perform such treatment. I will not hold Apple Tree Learning Centers, child-care workers, or medical personnel responsible.

Parent/ Guardian

Date

I hereby assume all risk of injury to my child arising out of his/her participation in this Apple Tree Learning Centers Discovery program. I specifically release Apple Tree Learning Centers from any and all liability, including negligence as to any right of action or claim to relief. I further hold Apple Tree Learning Centers and each of its employees harmless from any and all liability, actions, causes of actions, debt claims and demands of every kind and nature whatsoever which now have or which may arise from or in connection with my child's participation in any other activity related thereto.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Signature of parent _____

Date _____