



# Safety and Emergency Form

Permits 7157 & 817683

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

| EMERGENCY CONTACT #1     |  |
|--------------------------|--|
| Name:                    |  |
| Address:                 |  |
| Telephone (Home & Cell): |  |
| EMERGENCY CONTACT #2     |  |
| Name:                    |  |
| Address:                 |  |
| Telephone (Home & Cell): |  |

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to ACT Programs staff to obtain necessary emergency medical treatment for my child and understand that the family will be notified as soon as possible.

YES  NO

| MEDICAL ALERTS   |  |   |
|--|--|---|
| My child has allergies to food?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, _____   | My child has allergies to medicine?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, _____ | My child has seasonal allergies?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, _____ |
| Does your child require an Epi-Pen? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>*If your answer above was YES, you must send in epi-pen with your child and form from your doctor* |  |   |

| PICK-UP AUTHORIZATION  |                       |                |
|--|-----------------------|----------------|
| I, Parent/Guardian, authorize the following people to pick up my child at any time when they participate in ACT programs. ACT ID is required at time of pick-up. Children under 12 years old do not qualify as a legal escort. |                       |                |
| Name of Authorized Person  | Relationship to Child | Contact Number |
| 1  |                       |                |
| 2  |                       |                |
| 3  |                       |                |



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## PERMISSION TO WALK HOME ALONE

This is to give permission to allow my child, 11 years and older, to walk home alone at the end of ACT Program day. Recognizing that ACT Programs will do its best to ensure a safe environment and experience at camp, I understand that certain dangers are present when walking home alone. By signing below, I hereby release ACT Programs and the Cathedral Church of St. John the Divine from responsibility and liability of any nature.

YES, my child has permission to walk home alone from the campus.

NO, my child does not have permission to walk home alone from the campus.

## PHOTO RELEASE

I, the undersigned, hereby understand that ACT Program at the Cathedral Church of St. John the Divine, its officers, agents, and employees will take photographs, video, and audio recordings of my child(ren) for the use of educational, promotional, or social media purposes. My child's name and personal information is never included with their photo or associated with their image without additional written permission.

### Connect

ACT uses the SchoolStatus Connect application as another way of communicating with families. Through the app you will be able to reach the school directly, view photos, read program updates and sign up for parent conferences. All information will remain in a closed group setting and will only be viewable to teachers and families in the class.

Taking pictures of my children  YES  NO

Posting on private Connect group  YES  NO

Posting to Social Media (ACT Website, Facebook, Instagram)  YES  NO

## NON-MEDICATION CONSENT

I allow ACT to apply sunscreen and bug spray on my child as needed.

YES, brand name my child will carry: \_\_\_\_\_

YES, whichever kind ACT has available.

NO, my child will apply it independently.

If my child experiences any side effects, what action should be taken?

Contact Parent  Other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_