

Safety and Emergency Form



CHILD(REN) NAMES: _____ DATE OF BIRTH: _____

Emergency Contact #1	
Name:	
Address	
Telephone Numbers: Home/Cell	

There is also extra space behind page if you would like to add more names

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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, allergic to _____	My child has allergies to Medicine? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, allergic to _____	My child has Seasonal allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, allergic to _____
Does your child require an Epi-Pen? <input type="checkbox"/> YES <input type="checkbox"/> NO *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 hereby give authorization to the following person(s) to pick-up my child(ren) at any time when they participate in ACT program activities. Please remind escorts that ID may be 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
1	
2	

Note: Parents must notify the ACT Office in written form to modify the names of anyone listed above, there is also extra spaces behind page if you would like to add more names

PERMISSION TO WALK HOME ALONE
This is to give permission to allow my child(ren), 11 years and older , to walk home alone at the end of ACT Programs 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 all responsibility and liability of any nature.
<input type="checkbox"/> YES, MY CHILD(REN) HAS MY PERMISSION TO WALK HOME ALONE FROM THE CAMPUS
<input type="checkbox"/> NO, MY CHILD(REN) DOES NOT HAVE MY PERMISSION TO WALK HOME ALONE FROM THE CAMPUS.

Safety and Emergency Form



Emergency Contact #2	
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Name:	
Address	
Telephone Numbers: Home/Cell	

Emergency Contact #3	
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Name:	
Address:	
Telephone Numbers: Home/Cell	

PICK-UP AUTHORIZATION	
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	Name of Authorized Person	Relationship to child
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

PARENTS SIGNATURE: _____ DATE: _____

Safety and Emergency Form



CONSENT FORM

CHILD(REN) NAMES: _____ DATE OF BIRTH: _____

PHOTO RELEASE

In consideration of the furtherance of the purpose, objectives, and work of Advancing the Community of Tomorrow (commonly known as A.C.T.) program of Cathedral Church of St. John The Divine: (I) (We) the undersigned, hereby understand that Advancing the Community of Tomorrow (commonly known as A.C.T.) of the Cathedral Church of St. John The Divine, 1047 Amsterdam Ave. NY. NY. 10025, it's officers, agents, and employees will take photographs and/or video recordings, and/or audio recordings of my child[ren] for the use of educational, promotional, social media, and the ClassTag app. My child's name or personal information is never included with his/her photo or is associated with his/her image without additional written permission.

ClassTag

Advancing the Community of Tomorrow (commonly known as ACT) the program of Cathedral Church of St. John The Divine is using the ClassTag application as another way of communicating with families. Through the app you will be able to reach the school directly, view photos, learn about classroom updates, and sign up for parent conferences. All information will remain in a closed group setting, ONLY viewable to teachers and families that wish to be a part of. If you are in favor/opposed to seeing your child in pictures please indicate on appropriate boxes below.

TAKING PICTURES OF MY CHILD[REN] YES NO

POSTING TO SOCIAL MEDIA (ACT Website, Facebook, Instagram.) YES NO

CLASSTAG POSTING YES NO

CONSENT FOR SUNSCREEN

I allow my child to carry and use sunscreen independently. YES NO

I allow ACT Staff to apply sunscreen on my child as deemed needed. YES NO

I allow my child to use ACT sunscreen when my child does not have one. YES NO

CONSENT FOR REPELLENTS

I allow my child to carry and use repellents independently. YES NO

I allow ACT Staff to apply insect repellent on my child as deemed needed. YES NO

I allow my child to use camp repellent when my child does not have one. YES NO

PARENTS SIGNATURE: _____ DATE: _____