

LUCY SCHOOL

PERMISSION TO PARTICIPATE, RELEASE OF ALL CLAIMS AND CONSENT TO TREATMENT

Students at Lucy School participate in a variety of indoor and outdoor activities ranging from dramatic play to hikes and exploration trips through the school property and occasional field trips elsewhere.

I am aware of these activities and give permission for my child to participate while enrolled at the school. I hereby release Lucy School (and its parent organization, Ecofarm, Inc.), its owners, its agents and employees, for all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators or assigns, may have against Lucy School, its owners, employees and agents for any personal injury, known or unknown, which my child has or may incur by attending Lucy School and by participating in school-sponsored activities.

In the event that reasonable attempts to contact me at the telephone numbers listed below have been unsuccessful, I hereby give my consent for any treatment deemed necessary to the preferred physician or preferred dentist listed below or, in the event that the designated practitioner is not immediately available, as determined in the sole judgment of the School, by another licensed physician or dentist and/or the transfer of the child to the preferred hospital listed below or any other hospital which, is reasonably accessible. In case I am not available, I hereby also give permission for the School Director, or her designated agent or staff member, to sign for my child to receive emergency medical treatment or other medical care that might be deemed necessary. I also authorize the school and its employees to assess and provide care as needed, including but not limited to insect bites and the removal of ticks.

I, the undersigned, have read this Permission to Participate, Release of All Claims and Consent to Treatment and understand and agree with all of its terms, and execute it voluntarily and with full knowledge of its significance.

PLEASE PRINT ALL INFORMATION

Student's name: _____

Preferred Physician: _____ Telephone: _____

Preferred Dentist: _____ Telephone: _____

Preferred Hospital: _____ Telephone: _____

Parent's home phone: _____ Work: _____ Cell: _____

Parent's home phone: _____ Work: _____ Cell: _____

If my child is ill and its parent(s) cannot be reached, the person listed below can also make health decisions for my child, and/or pick up the child.

Name Telephone number

I give my permission for the information on this form to be used as needed by Lucy School.

Parent/guardian signature Relationship to child Date