

MEDICAL RELEASE AND CONSENT FOR TREATMENT:

If medical care is deemed necessary and I cannot be contacted, I authorize Explorer Academy Florida, LLC (hereinafter called “Explorer Academy Florida”) staff to act on my behalf in deciding the proper course of action for my child. This includes but is not limited to permission for Explorer Academy Florida to render any emergency medical treatment that Explorer Academy Florida staff deem appropriate and/or necessary for the wellbeing of my child, including, but not limited to First Aid, CPR, calling emergency ambulance transportation and hospitalization, if necessary.

I understand and agree that any and all actions taken by Explorer Academy Florida for the benefit of my child comes at my cost, including but not limited to, emergency medical treatment or care and ambulance transportation. I promise to hold Explorer Academy Florida harmless and indemnify Explorer Academy Florida for any and all costs associated with any medical treatment it has deemed necessary and/ or appropriate for the well-being of my child, including, but not limited to, any and all costs associated with emergency room visits, hospital care, and ambulance services.

With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me/my child while participating in any activity while in, on, or around the premises or while using the facilities.

I specifically release Explorer Academy Florida and its staff from any and all claims, loss, costs, damage, or expenses arising out of or from the exercise of their discretion in seeking medical treatment on behalf of my child as Explorer Academy Florida staff may deem necessary and/or appropriate, and also release Explorer Academy Florida from any and all claims, losses, costs, damages, and/or expenses associated with any negligent treatment or medical malpractice committed by any medical professional, which I might otherwise pursue against Explorer Academy Florida in whole or part, including joint or several liability.

MEDICAL CONCERNS (Please list all medical concerns, use a separate page if necessary):

ALLERGIES (Please list all allergies):

Special Needs Does your child have any special needs that should be recognized? **YES** **NO**

If yes, what special accommodations or modifications are needed? (Please use a separate page if necessary):

Child Name (First and Last): _____

Parent/Guardian Signature _____ Dated: _____

Parent/Gurdian Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

E-mail Address: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC

{Print, type, or stamp commissioned name of notary.}

_____ Personally known

_____ Produced identification

Type of identification produced _____