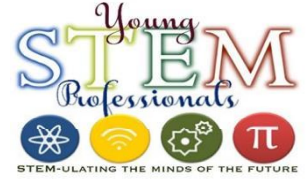


Young STEM Professionals Emergency/Medical Information & Parent Agreement



Child's Full Name: _____ Date of Birth _____ Grade _____

Address: _____

School Name: _____ School ID _____ School District _____

Chronic Physical Problems/Pertinent Developmental Info/Communicable Diseases/Special Accommodations Needed (please explain)

Allergies or Intolerance to Food, Medications, etc. (please list allergies and actions to take in an emergency situation)

Medications Child Takes _____

Parent(s)/Guardian(s)

Father's Full Name _____ Business/Cell Phone _____ E-mail _____

Mother's Full Name _____ Business/Cell Phone _____ E-mail _____

Emergency Contact _____ Phone _____ Relation to Child _____

Agreements

- I agree to inform the Young STEM Professionals at 469-844-STEM (7863) within 24 hours if my child or any member of the household develops a reportable communicable disease (immediate notification required if the disease is life threatening).
- The Young STEM Professionals will attempt to notify parents/guardians using the contact information above whenever their child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
- I hereby authorize my child's photo to appear in the media or to be used to promote or publicize our programs.
- In the event I cannot be reached in an emergency, I hereby give permission to the Young STEM Professionals' staff to seek medical treatment at the nearest medical facility. I understand that I am responsible for medical expenses incurred by my child and that the Young STEM Professionals advises I carry health insurance for my child.
- All required forms will be completed and submitted prior to the start of the registered session.
- The Young STEM Professionals reserves the right to require identification of any person picking up your child.
- The Young STEM Professionals will release child to the school or facility staff member after camp or class has ended for the day.
- I give permission for my middle or high school child to sign in/out of the STEM program if I do not come inside the to sign-in or sign-out my child to/from the daily program.
- I hereby hold the Young STEM Professionals and their respective officers, directors, agents, employees and contractors harmless from and against any and all third-party claims, demands, liabilities, and expenses, including reasonable attorneys' fees and litigation expenses for any asserted property damage, injury, or death of any person (collectively "claims") arising from the sole negligence or willful misconduct.
- In the event of serious disciplinary problems, the Young STEM Professionals staff reserves the right to immediately terminate a child through written or verbal notice.
- The Young STEM Professionals does not assume responsibility for the child until the child arrives and signs into the Program and does not assume responsibility for the child after the child signs out of the Program.

Parent/Guardian Signature

Date