

MEDICAL AUTHORIZATION AND CONSENT

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If, however, I cannot be reached, I hereby authorize Whiz Kids Learning Center to arrange transport for my child to the Cape Cod (or nearest) Hospital and secure for my child the necessary medical treatment. I understand that the teachers at Whiz Kids are trained in the basics of First Aid and CPR and I authorize them to give my child first aid when appropriate. I hereby release Whiz Kids Inc., and its staff, from all claims, demands, actions, and damages whatsoever arising out of or resulting from said medical care.

HEALTH INSURANCE INFORMATION

Name of Insurance Plan: _____ Subscriber #: _____

Date: _____ Parent/Guardian signature: _____

PHOTOGRAPH CONSENT

I hereby grant permission for my child to be photographed by the staff of Whiz Kids Learning Center for purposes of school activities and publications. I understand that no photographs of my child will be released to the media without my written consent.

Date: _____ Parent/Guardian signature: _____

FIELD TRIP CONSENT

I hereby grant permission for my child to attend class field trips and/or weekly summer trips. I grant Whiz Kids permission to transport my child via Whiz Kids school bus to the trip location and back to the center. I understand that I must sign a "field trip permission sheet" for each trip in order for this permission to be valid. In the case of summer program trips I will receive a list of all trips planned and will be asked to sign my permission for them.

Date: _____ Parent/Guardian signature: _____

Occasionally we go on quick trips (less than one hour) to Burgess Park, local playgrounds or nearby beaches. Your child does not have to go on these trips as there will always be other children and staff remaining at the center. Please let us know below whether or not you are comfortable to let your child attend such "spur of the moment" trips.

YES, my child may attend these trips

NO, my child may not attend any field trips without my prior consent.

(parent signature)

(date)

(parent signature)

(date)

SWIMMING / PLAYGROUND TRIPS

Our summer program schedule includes 1/2 day trips to local beaches for swimming and water play, or, if it is not warm enough, we go to local playgrounds during the time allotted for swimming.

I hereby grant permission for my child to be transported to local beaches and/or playgrounds during swimming times indicated on the summer camp schedule, and to participate in water activities.

Date: _____

Parent/Guardian signature: _____