Parental Release

(Please complete and return)

Student Name: _____Child's School: _____

Parent/Guardian: _____

Address: _____City:_____ State: _____ Zip: _____

Home: _____ Cell: _____ Work:_____

E-mail:_____

Business Name: _____

Emergency Contact: _____Telephone: _____

Relationship to Student: _____

Student Information: Needs an orthopedic device? Y___ N___ If so, type_____
Birth Date: _____ Age: _____ Verbal? Y__N__ If no, uses sign language or other means to communicate? ___ Please explain_____
What is the approximate age level of social skills? _____ Self help skills? _____
Student's Diagnosis:
_____

Please list any medications and dosage:

Allergies:_____

Primary Physician: _____
Telephone: _____
Address: _____
City:_____ **Zip:** _____
Practice Name: _____

Please check any of the following that pertain to the student:

	Seizures		Tantrums
	Aggressive behavior towards others		When angry attempts injury
	Habits/tics		Learning differences (ADD etc.)
	Mood Swings		has Fears (loud noises etc.)
	Sexual acting out		Startles

Please explain any items checked:

_____
_____
_____
_____
_____
_____

Class Policies

1. The Foundation considers itself to be in a "helping profession." Our goal is always to provide our student with the best and most appropriate movement education program for their level of ability. The Foundation is the final decision-making authority with the regard to the curriculum and direction of all Foundation classes and programs.

2. All applications, medical history, and release forms must be completed and on file prior to the start of class.

3. Allegro cannot accept students who bite, pinch, or hit others. We must consider the safety of all participants.

Release of Information
(Please check items you give permission for)

I (parent/guardian name) _____ give permission for

Yes/ No

☐ ☐ Allegro Foundation to test my child twice a year with the Allegro Foundation assessment and evaluation PF scale. This is a way to track our programs' outcomes and is only used **inside** the organization.

Photo/Video Release

Yes/No

☐ ☐ I hereby give Allegro Foundation...a Champion for Children with Disabilities the absolute and irrevocable right and permission to use photographs and/or videos of Foundation classes or programs in which my child might appear in for the use in Advertising, public relations, or promotional purposes and/ or Demo tapes submitted with grant applications.

I/we further grant the Foundation permission:

- To copyright the same in their own name or any other they may choose.
- To use, re-use, publish and re-publish the same in whole or in any medium, for any purpose whatsoever, including (but not limited to) the uses listed above.
- To use my name in connection therewith if they so choose.

I hereby release and discharge Allegro Foundation from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.
This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of Allegro Foundation as well as the person/persons for whom they took the photographs or video.

I have reviewed and understand the policies of the Allegro Foundation as described above and agree to abide by them.

I have read and understand the above statements and release the Allegro Foundation…a Champion for Children with Disabilities, its Board, staff and volunteers, from responsibility for the medical care and treatment of my child, except in cases of emergency as described above.

_____ _____

Parent/Guardian Signature Date