

PARENT AUTHORIZATIONS:

My child has permission to engage in all prescribed activities, except as noted by me or an examining physician.

In case of injury, the emergency contact person will be called immediately for their decision on medical treatment.

If parents or the emergency contact person is not available, we will use our best judgment as to what course of action to pursue and will continue to attempt contact. Our organization will not be responsible for any costs incurred as a result of illness or injury. Parents should notify Experiential Ink if this student is exposed to any communicable disease during the three weeks prior to attendance.

I understand my child will be sent home if their behavior jeopardizes the other participants, jeopardizes the integrity of the program, or is not viewed as appropriate in any way by the group leadership.

If my child must return home due to illness or behavior, I understand that I will need to pick up or arrange for transport with a previously authorized adult for my child within a realistic time specified by the group leadership.

I also give my permission for my child to be photographed or videotaped and allow our group to release said pictures for publicity purposes.

I understand that if my child has been experiencing symptoms of COVID-19, including but not limited to fever, new loss of taste or smell, nausea or vomiting, diarrhea or cough, or has been directly exposed to someone who has tested positive for COVID-19, I must keep my child home until they test negative for COVID-19.

Authorized Student Release

Under normal circumstances our student _____ will be picked up from Experiential Ink activities by:

_____ (relationship) _____

_____ (relationship) _____

If the above listed people are not able to pick up my child, they may be released only to the people listed below. The Executive Director or Program Director will check photo ID and release the student from T Grace Macdonald Lodge. Please make every effort to alert the Program or Executive Director via phone or email who will be picking up your student in this eventuality.

Name

Cell Phone

Signed: _____ Relationship: _____ Date: _____