

Evergreen Immersion Academy

PARENT AUTHORIZATION AND CONSENT

Child's Name: _____ Date of Birth: _____ Enrollment Day: _____

I hereby acknowledge that I have received a copy of a parent essential Handbook. I have reviewed and understood all of the Evergreen Immersion Academy Policies and regulations.

(Parent/Guardian Name) Signature Date

Please place a check a check (/) next to each item (authorized and not authorized)

	Authorized	Not Authorized
1. My child may use a cot, blanket and pillow during rest time.	_____	_____
2. Staff may apply the following products to my child	_____	_____
Diaper Ointment	_____	_____
Diaper Wipes	_____	_____
Baby Lotion	_____	_____
Sun Block	_____	_____
Lip Balm	_____	_____
Other: _____	_____	_____
I understand that I must provide and clearly label/date these products.		
3. My child <u>may</u> be photographed during activities and field trips and his/her likeness used in marketing materials	_____	_____
4. My child <u>may</u> participate in natural walks in the neighborhood.	_____	_____
5. My child <u>may</u> participate in outdoor water play activities.	_____	_____

I hereby authorize Evergreen Immersion Academy to release my child to the following people (other than parents).

Emergency Contact 1:	
Last Name:	First Name:
Relationship to Student:	
Address:	
Home Phone:	Cellphone Number:
	Work Phone:
Emergency Contact 2:	
Last Name:	First Name:
Relationship to Student:	
Address:	
Home Phone:	Cellphone Number:
	Work Phone:

Consent to Medical Care and Treatment of Minor First- Aid Procedures	
<input type="checkbox"/> I give permission that my child, _____, may be given first aid/emergency treatment by the childcare licensee and/or qualified staff at: Evergreen Immersion Academy 2025 South Randolph St. Arlington, VA 22204	
<input type="checkbox"/> When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.	
<input type="checkbox"/> I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.	
<input type="checkbox"/> I certify under penalty of perjury under the laws of the State of Arlington that this information is true and correct.	
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

Address: _____ Telephone: _____

I hereby indemnify and hold harmless Evergreen Immersion Academy of _____ and its owner, agents and employees against any and all injuries to my child arising from or relate to the items listed on this form for which I have provided my authorization.

Parent /guardian printed name

Parent /guardian signature

Date