



Student Emergency Medical/Contact Form

Child's Name: _____ Age: _____ Grade _____ Birthdate: _____

Address _____
Street City State Zip

Father/Guardian's Name: _____ Work Phone: _____ Cell: _____

Mother/Guardian's Name: _____ Work Phone: _____ Cell: _____

Please list any **disabilities**, diagnoses or special needs: (provide IEP/504 accommodations if necessary): _____

Please list any **medications** they are on: _____

*You must also complete a Medicine Authorization Form if medications are kept on campus

Please list any **allergies** (Insect bites, food allergies, Medicine, etc....) _____

*I authorize Early Beginnings to transport my child for programming events I am notified of: (Initial) _____

Authorization for Emergency Medical Attention for (Child's Name) _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to call, release, and instruct emergency services personnel for my child and/or take my child to:

Name of Family Doctor	Address	Phone #
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Or to (Name of hospital or clinic)	Address	Phone #
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Insurance Policy Holder:	Insurance company:
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Insurance Group #: _____ Subscriber #: _____ Insurance company Phone: _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic/ or emergency services personnel.

Parent/Guardian Name	Parent/Guardian Signature	Date
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Alternate Pick-up Approval

I give consent for my child to be released to the following individuals for **pick-up** in the event I am unable to pick up my child or to contact these individuals if I cannot be reached in an **emergency**:

- | Name | Relationship | Phone |
|----------|--------------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Parent/Guardian Name	Parent/Guardian Signature	Date
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Consent, Releases, and Waivers

Consent and Release

Voluntary Participation/Permission- I am the parent/legal guardian of the minor participant named above. I have voluntarily given my minor child (Student) permission to be transported by Early Beginnings CDC (EBCDC) to and from school/campus and during any and all school days, events, summer camp, and/or trips in which the student participates while enrolled without any limitations. I accept full responsibility for any injury, illness or accident to my minor child, as the case may be, that may occur as a result of my minor child transportation by EBCDC for the various events and/or trips as described above by signing my initials below.

_____ Initial Here

Assumption of Risk

While EBCDC takes safety measures to minimize the risk of injury to persons who it provides transportation services to, EBCDC cannot guarantee that the participants, equipment, roads, all drivers, and other factors will be free from hazards, accidents, illnesses and/or injuries. I am voluntarily permitting my child to be provided school bus services by EBCDC, with knowledge of such risk. I grant this permission with full knowledge that I accept full responsibility for any injury/illnesses or accidents that may occur.

_____ Initial Here

Injury to Person or Property

The responsible party, parent or legal guardian, hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, illness, property damage or wrongful death occurring to the minor child arising as a result of engaging or receiving transportation in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against EBCDC or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise. The responsible party, parent or legal guardian, specifically intends to exempt and relieve EBCDC from liability for personal injury, illness, property damage or wrongful death caused by negligence.

_____ Initial Here

Indemnify, Defend, and Hold Harmless

The Responsible Party (Parent/Legal Guardian), for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, illness, property damage or wrongful death shall be prosecuted against EBCDC he/she shall indemnify and save harmless the same from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, illnesses, property damage or wrongful death.

_____ Initial Here

Sign below to confirm you have read, understand, and agree to the Terms, Safety Rules, Release and Consent above. By submitting this form, you are accepting terms and giving your permission. *

Student Name: (First, Middle, Last): _____

Parent Signature: (First, Last Name) _____ Date: _____

Parent Print: (First, Last Name): _____