



## Summer 2023 Contact Information & Authorization Form

Please complete EACH item below for our camp records. Indicate an N/A if not applicable.  
Every field MUST have information or N/A in order to be considered complete.

<b>Student's Name</b>	Date of Birth		Gender
Primary Parent or Guardian Name	Secondary Parent or Guardian Name		
Address	Address		
City / State / Zip	City / State / Zip		
Home Phone	Home Phone		
Cell Phone	Cell Phone		
Office Phone / Ext	Office Phone / Ext		
Primary Email	Secondary Email		
Occupation/Title	Occupation/Title		
Business Name	Business Name		
Physician's Name	Physician's Phone		
Hospital Preference	Insurance Company		
Policy #	Policy Holder		

**Emergency Contacts:** List two LOCAL emergency contacts, other than parents, who can pick up the student within one hour of being individuals are also allowed to pick up in non-emergency situations. Licensing requires we have complete addresses for both emergency contacts.

Contact 1 Name	Relationship		
Full Address	Home Phone		Cell Phone
Contact 2 Name	Relationship		
Full Address	Home Phone		Cell Phone

List Up To Four Other Individuals Who May Also Pick Up			
Who May NOT Pick Up			

**Allergies:** Please indicate any allergies to food, medication, environment, etc.

Is your child prescribed an Epinephrine Auto Injector (Y/N)?	Is your child prescribed other allergy medication (e.g., Benadryl) (Y/N)?
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**Other Medical Needs:** Please indicate any other medical conditions (e.g., asthma, attention disorder), pertinent developmental or special accommodations needed.

Is your child prescribed medication (e.g., inhaler, stimulants) (Y/N)?	
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**Special Food Needs:** Please indicate any food restrictions (other than allergies) due to intolerance or religious preferences.

***Please carefully read the items below.***

**AUTHORIZATIONS**

In an emergency if I (or my physician) cannot be contacted within a reasonable time to provide or authorize emergency medical attention, The Country Day School and/or its representatives have my permission to transport my child to the emergency room of a nearby hospital at my/our expense. The hospital and its medical staff have my/our authorization to provide treatment that a physician deems necessary for the well-being of my child. I hereby give permission for any and all emergency attention necessary to be administered to my child by any employee of The Country Day School until I can be contacted. This paragraph does not create any additional obligation on the part of The Country Day School than otherwise exists.

If my child is at risk of suffering an allergic reaction that could become a medical emergency, I have noted that fact on this Authorization and Waiver Form, I have completed an Allergy Action Plan, my child's physician and I have completed and signed a Medical Administration Consent Form for each medication to be stored and/or administered by The Country Day School. I consent to the administration of such medication to my/our child if the School reasonably deems it necessary. I understand that any medication to be stored and/or administered by The Country Day School must be supplied by us in its original container with a label that includes (i) my child's name, the prescribing physician's name, the date the medication was issued, and the medication's expiration date and (ii) identifies the applicable pharmacy and its telephone number. I understand that The Country Day School is unable to store or administer any medication until the forms described in this paragraph are completed and returned to The Country Day School.

**Photography/Video:** The Country Day School makes use of photos and videos of children engaged in classroom and school related activities in school publications such as the CDS website, yearbook, school newsletters, admissions brochures, parent portal photo albums, and school media including social media sites, newspapers, magazines and television. **Statement: I give CDS permission to use images of my child for the purposes stated above.**

**Protective Preparations:** Families should apply sunscreen and insect repellent to child's skin before coming to CDS. CDS faculty will re-apply products as necessary and uses insect repellent with 10% or less of DEET and a PABA-free sunscreen that is at least 30 SPF, water resistant and hypoallergenic. **Statement: I/ give CDS staff permission to re-apply sunscreen and insect repellent to my child.**

**In the event I/we do not give permission for any of the above, I will submit a signed letter, stating the exceptions, to the CDS Admissions Office as soon as possible and BEFORE my child attends CDS in the fall.**

**WAIVER**

With respect to the permissions set forth above, on behalf of myself and my/our child, I hereby release and hold harmless The Country Day School, its Board of Directors, employees and agents from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorney fees and costs) arising from or related to my child's participation in the program identified above and/or any related activities, including any accident or injury to my/our child and the costs of medical services, and also including any loss or damage to personal property. This release shall bind myself/ourselves and my/our heirs, successors and assigns, and shall inure to the benefit of The Country Day School and its Board of Directors.

**I understand that regulatory authorities have access to confidential child files, as do CDS administrators and the child's teachers. Any other access is by written parental/guardian permission.**

**I have read and agree to abide by the policies and procedures set forth in the 2022-23 CDS Family Handbook.**

**I have read the above carefully and agree to the stated permissions and conditions.**

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**