

Emergency Information Sheet

School Year: _____

Child's Full Name: _____

Emergency Plan

IF your child becomes ill while in MDQ Academy, but does not require emergency treatment, you will be contacted at the following telephone #'s:

Home Telephone #: _____

Work Telephone #: _____ Cell: _____

Persons to be contacted if you cannot be reached:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your child requires emergency medical care, you will be called immediately. If we cannot reach you, the child's family doctor will be called at: Doctor's Name: _____

Address: _____

Telephone #: _____ **Or** the child will be taken to the nearest emergency room for treatment which is:

Southside Hospital
301 E. Main Street
Bay Shore, NY 11706

Emergency Release Form

I hereby give my consent to the staff at MDQ Academy to authorize emergency medical, surgical and/or dental treatment for my child _____ if I cannot be contacted.

Parent/Guardian Signature: _____

Date: _____

Photo Release

I hereby give MDQ Academy of Suffolk County , its legal representatives, employees and assigns, those for whom MDQ Academy is acting and those acting with permission of MDQ Academy the right and permission to photograph my child participating in a MDQ Academy program and to use, reuse and publish any such photograph in any publications.

I hereby waive any right to inspect or approve the finished material that may be used in connection therewith or to approve the finished material that may be used in connection therewith or to approve the eventual use that it might be applied.

I hereby release, discharge and agree to save harmless MDQ Academy, its representatives, employees, assigns, or any person or corporation acting under the permission or authority of MDQ Academy, in whole or in part, from and against any liability as a result of the publication, distribution or use or reuse of same.

In consideration of the services provided to my child by MDQ Academy or my child's participation in a MDQ Academy activity and for other good and valuable consideration, I hereby grant the above use without further compensation or consideration being due to me either now or at any future date.

I have read the foregoing release, authorized and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Date: _____

Parent/Guardian Signature:

Child's Name:

Field Trips

I hereby give permission for my child _____ to participate in all field trips arranged by MDQ Academy. Participation shall include transportation to and from a particular activity or destination.

In consideration for services provided to my child by MDQ Academy, I hereby agree to indemnify and hold harmless MDQ Academy from all liability arising from such participation, except in case of its sole and gross negligence, for damage because of bodily injury, including death at any time resulting there from, sustained by my child or by any person or persons, or on account of damage to property arising out of such participation.

Date: _____

Parent/Guardian Signature:

Child's Name:

Screening Release

I, _____ give release for MDQ Academy to screen my child _____ for the school year of _____. If further evaluation is recommended, I understand that my school district needs to be notified and consent given for testing.

Parent/Guardian Signature:

Date: _____

Release of Records

I, _____ give permission for MDQ Academy to obtain my child's _____ existing educational records from all involved schools, school district, and/or testing facilities for the school year of _____.

Parent/Guardian's

Signature:

Date: _____

Permission for Substitute Pick-Up

Child's Name: _____

School Year: _____

Parent(s)/Guardian(s) authorized to pick up child: _____

In the event that I am not available, or unable to pick up my child from MDQ Academy, Located at 1514 East Fifth Ave Bay Shore at the time of dismissal, I authorized the following person(s) to pick up my child in my place:

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

I request that the MDQ Academy Staff require proof of identification of any substitute who shall pick up my child in my place.

In consideration of the services provided to my child by MDQ Academy of Suffolk County, Relating to my child's participation in MDQ Academy, I hereby agree to indemnify and hold harmless MDQ Academy., its directors, agents, employees or volunteers from any and all losses, liabilities, claims, damages, costs and expenses which may arise as a consequence or result of the release of my child to any of the aforementioned substitute.

Parent/Guardian

Signature:

Date: _____
