

Athenaeum Sneak Peek Day 2019

Emergency Contact & Permission Form

(Please print clearly and use a separate form for EACH child.)

Child Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Homeroom Teacher & Classroom: _____ Grade : _____

Which academy does your child attend?

- | | | |
|---|---|--|
| <input type="checkbox"/> Archway Arete | <input type="checkbox"/> Archway Chandler | <input type="checkbox"/> Archway Cicero |
| <input type="checkbox"/> Archway Glendale | <input type="checkbox"/> Archway Lincoln | <input type="checkbox"/> Archway North Phoenix |
| <input type="checkbox"/> Archway Scottsdale | <input type="checkbox"/> Archway Trivium East | <input type="checkbox"/> Archway Trivium West |
| <input type="checkbox"/> Archway Veritas | <input type="checkbox"/> Maryvale Prep | |

Date your child will attend: (Choose one only)

Monday, November 18, 2019 Tuesday, November 19, 2019

Parent/Guardian 1: Name: _____ Email: _____

Street address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____

Parent/Guardian 2: Name: _____ Email: _____

Street address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____

Child in custody of (check one): Both Parents Mother Only Father Only

Other (specify) _____

Custody papers have been provided and are on file at the facility. Yes No

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from Athenaeum. I understand that my child will not be allowed to leave with any other person without authorization from me:

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Health History (Use back of form if more explanation is necessary)

- Asthma Bleeding/clotting disorders Convulsions Ear infections
- Other _____

- Allergies:** Pollen Penicillin Insect stings (type?) _____
- Food (list) _____
- Other allergies (describe) _____

Recent operations, serious injuries, diseases, or restrictions on physical activity:

Current medication and purpose (NOTE: Athenaem does NOT dispense any but emergency medications [epi pens, asthma inhalers, etc.] for life-threatening conditions. All emergency medication must be given to Campus Coordinator and labeled clearly with doctor's instructions**): _____

****Additional documentation required for any medications. Documents will be sent with registration confirmation.**

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge. The child listed on this form has my permission to engage in all Athenaem activities, except if noted by me. I agree to hold harmless Great Hearts for any injuries my child may sustain during the program. I (we), the undersigned, understand that Athenaem staff will first contact me directly after contacting emergency services in case of a life-threatening emergency. I (we) authorize Athenaem staff members (in the event they cannot reach me [us]) to serve as agent(s) for the undersigned to consent to any medical or surgical diagnosis or treatment, anesthetic, X-ray exam, along with treatment and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I (we) understand that I (we) will be responsible for expenses for such services. I (we) understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This form may be photocopied for use away from the main program site. I (we) am fully aware that participation in Athenaem may result in risk of personal injury or harm to my child. I (we) hereby agree to release and hold harmless Great Hearts Academies, its respective Boards of Directors, agencies, officers, employees, committees, and volunteers, from and against all liability, loss, damages, claims, or actions (including legal costs and attorneys' fees) for any bodily injury and/or property damage, to the extent permissible by law arising from or related to his/her participation. This waiver and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorneys' fees and court costs), expenses, and liabilities incurred or in connection with any such claim or proceeding brought thereon and in defense thereof. In signing this waiver, indemnification, and hold harmless form, I (we) acknowledge that I (we) have read and understand fully the foregoing agreement, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made. I (we) hereby give permission to Athenaem for emergency transportation and/or treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify that I am fully competent and my child is in good physical condition, and that he/she has no medical or physical conditions that would restrict his/her participation in any program or activity.

My child has medical insurance. Yes No. Name of insurance company _____

Policy number: _____

Media Release Consent: Over the course of a student's time at Athenaem, opportunities will arise to photograph/videotape them actively engaged in fun and learning inside and outside of the classroom. These pictures/videos may be used for a variety of purposes including, but not limited to, advertising, design, and social media. With the exception of the school yearbook, athletics, club and academic events/awards, student names are never associated with photos or postings. **If, for any reason, you object to your student's photograph being used during his/her time at Athenaem academy, please mark 'No Media'.**

NO Media

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____