

LUDLOW AFTERSCHOOL PROGRAM

EMERGENCY RELEASE FORM

The Ludlow AfterSchool Program (LASP), Rutland Windsor Supervisory Union (RWSU), and its employees will exercise reasonable judgment and care in the planning and operation of the programs. I understand that LASP and RWSU nor its employees will be liable for injuries resulting from accidents or unanticipated occurrences beyond their control. I also understand and accept that volunteers, including other parents and other members of the community assist in operating these programs.

In case of illness or accident, I request that the LASP Program Director contact me. If I cannot be reached or the emergency contact person cannot be reached at the phone numbers I have provided, I authorize and direct personnel to seek emergency medical care or take other action they believe is necessary under the circumstances to protect the best interest of my child. If my child is taken for emergency medical treatment, I hereby authorize the attending physician to administer the emergency treatment he/she believes is appropriate, and I agree to pay any resulting expense.

Student's name _____

Address _____

Parent/Guardian _____

Telephone (home) _____ (cell) _____

Workplace _____ Phone _____

Parent/Guardian _____

Telephone (home) _____ (cell) _____

Workplace _____ Phone _____

Emergency Contact _____ Relationship _____

Telephone (w) _____ (h) _____

Emergency Contact _____ Relationship _____

Telephone (w) _____ (h) _____

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____

Health problems/illnesses _____

Allergies _____

Medications _____

Any special needs or accommodations _____

Additional Info? _____

I have read the above form and my signature below demonstrates that I have provided my consent for my child to participate in the programs under the terms described above.

Parent/Guardian Signature

Date