

**EMERGENCY INFORMATION**

Please tell us where to reach the following people in case of an emergency:

\_\_\_\_\_ Phone: \_\_\_\_\_  
Mother's **Printed** name

\_\_\_\_\_ Phone: \_\_\_\_\_  
Father's **Printed** name

\_\_\_\_\_ Phone: \_\_\_\_\_  
Close Friend or Family Member's name

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Please list any allergies or medical conditions that your student(s) may have:

Name of Student and Allergies/Conditions: \_\_\_\_\_

\_\_\_\_\_



**MEDICAL RELEASE and LIABILITY WAIVER**

1. I, the parent/guardian of \_\_\_\_\_ (“my children”), hereby give my approval for my children to participate in SCHEF activities, such as but not limited to Co-Op, Field Trips, Field Day, PE, Dances, etc.
2. I assume all risks and hazards incidental to such participation by my children. I do hereby waive and relinquish any and all claims that I or my child may have against SCHEF and its board, directors, members, employees, volunteers, instructors, and assigns, as a result of participating in any SCHEF programs.
3. I hereby fully release and discharge SCHEF and its board, directors, members, employees, volunteers, instructors, and assigns from any and all claims from injuries, damages, or loss which I or my child may have or which may accrue to me or my child on account of his/her participation in any of said programs.
4. I understand that my child may be photographed or videotaped while participating in SCHEF programs. I give permission for photos and videotape of me or my child(ren) to be used to promote SCHEF and that such photos and video will be the property of SCHEF.
5. I, the parent/guardian of the above-named children, hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb or the well-being of our children.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(Place Notary Seal Above)