



325 N. Five Points Road
West Chester PA 19380
610-696-5984/610-430-0883

DISCOVERY SCHOOL AND CAMP

SIGNED AGREEMENTS AND AUTHORIZATION FORM

This form must be completed and returned to Discovery Nursery & Kindergarten School & Camp, by the first day of enrollment. This form will be kept on file *in case of emergency*.

Name of student or camper/s

Waiver and Hold Harmless Agreement

I, the undersigned, in further consideration of the use of all swimming facilities, boating, services, and all sports equipment and or other activities, such as horseback riding, while at Discovery Nursery & Kindergarten School & Camp and Robin Lloyd, owner, and its entities, for bodily injury or property damage to him/herself and agrees to identify Discovery Nursery & Kindergarten School & Camp and hold him/her, successors and assigns, harmless from any and all claims by; 1. His/her family, passengers, or other persons, for bodily injury or property damage to anyone resulting in any manner whatsoever, from the operation, possession or lease of any and all property or services by student/camper; 2. Resulting in any manner whatsoever from the operation or services by his/her family or persons other than the student/camper. The student/camper agrees to observe and comply with all rules and regulations set forth for operating any property or services of the school/camp and the rules, regulations and laws of the municipality, state, county, federal or other authority, in the area in which the equipment is operated. This applies to the full school year and to the full summer camp session. **I agree that the initials following each item represent my signature in full.**

Signature of parent or guardian

Date

- I have reviewed the "**Weapons Policy**" of Discovery Nursery & Kindergarten School & Camp, and I understand the consequences should my child be found in possession of a weapon. _____
Please initial
- I have reviewed the "**Waiver and Hold Harmless Agreement**" of Discovery Nursery & Kindergarten School & Camp. I understand that this agreement applies to the full sessions. _____
Please initial

Child's Physician _____

Phone _____

Child's Dentist _____

Phone _____

List any allergies, including a list of symptoms and specific information on medical assistance required.

Please list any characteristics, about your child, which you feel will provide us additional information.

In the event of an emergency, please indicate your name and phone number(s) where you and/or authorized person can be reached. Please print clearly.

			Please initial
Name	Address	H/W Phone Numbers	Cell/etc.
Father or Legal Guardian			
Mother or Legal Guardian			
Authorized Person			

4. In the event of an emergency, I authorize the staff of Discovery Nursery & Kindergarten School & Camp to administer any First Aid care deemed necessary, for my child.

Please initial

5. I hereby authorize Discovery Nursery & Kindergarten School & Camp to transport my child to the above named physician or facility for medical treatment, in the event of an emergency, in which neither parent or authorized person can be reached.

Please initial

6. In the event of an emergency, in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Please initial

7. In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Please initial

8. I hereby authorize Discovery Nursery & Kindergarten School & Camp for the administration of minor First Aid procedures and administration of medications or special dietary needs.

Please initial

9. I hereby authorize Discovery Nursery & Kindergarten School & Camp to release my child to: O **ONLY** the following people:

				Please initial
Name	Address	Relationship	Phone Numbers)	

O _____ the person(s) I authorize, in writing or verbally, on a contingency basis.

10. I hereby authorize Discovery Nursery & Kindergarten School & Camp to include my child in supervised water activities.

Please initial

11. I hereby authorize Discovery Nursery & Kindergarten School & Camp to transport my child on educational excursions, or other sponsored activities.

Please initial I give

12. my permission to Discovery Nursery & Kindergarten School & Camp to photograph my child, _____, and use the resulting photographs for publicity, Internet and other marketing endeavors. I will be provided the opportunity to preview said photographs.

Please initial