

Olympia Community School

PARENT MEDICAL AND LIABILITY CONSENT FORM

I, _____, the parent/guardian of _____, understand that I am responsible to transport my child(ren) and sign them in and out each day. I will notify the director **in writing** if any special arrangements for transportation are being made (i.e. carpools or someone other than you is transporting and signing out your child).

WAIVER FOR PARTICIPANT

In consideration for Olympia Community School (OCS) accepting my child's entry into this drama camp, I personally, and on behalf of my child, assume all risks and hazards incidental to the conduct of this activity. I am aware that OCS will not provide any medical or accident coverage. I further waive any right to bring a claim, action, lawsuit or other proceeding against Olympia Community School, the organizers and sponsors of the program, or instructors of the drama camp for damages due to any injuries suffered as a result of participation. I understand it is my responsibility as the parent/guardian to provide total coverage for any accidents or health problems.

I hereby give my permission for _____ to participate in the drama camp activities. My signature reflects my knowledge of my own liability as my child's parent/guardian.

Parent/Guardian Signature

Date

Medical Information:

Please list any special health problems, allergies, special diets or medication for your student.

Name of Physician _____

Phone Number _____

Health Insurance _____

Policy Number _____

MEDICAL RELEASE

I _____ as the parent/guardian of _____ authorize and consent to medical treatment and procedures deemed immediately necessary and advisable by emergency medical personnel to safeguard my child's health if I cannot be contacted.

Parent/Guardian Signature

Date