



Safety and Emergency Form

Permits 7157 & 817683

CHILD'S NAME: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT #1

Name: _____

Address: _____

Telephone (Home & Cell): _____

EMERGENCY CONTACT #2

Name: _____

Address: _____

Telephone (Home & Cell): _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to ACT Programs staff to obtain necessary emergency medical treatment for my child and understand that the family will be notified as soon as possible.

YES NO

MEDICAL ALERTS

My child has allergies to food? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, _____	My child has allergies to medicine? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, _____	My child has seasonal allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, _____
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Does your child require an Epi-Pen? YES NO

If your answer above was YES, you must send in epi-pen with your child and form from your doctor

PICK-UP AUTHORIZATION

I, Parent/Guardian, authorize the following people to pick-up my child at any time when they participate in ACT programs. ACT ID is required at time of pick-up. Children under 12 years old do not qualify as a legal escort.

Name of Authorized Person	Relationship to child
1	
2	
3	
4	



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PERMISSION TO WALK HOME ALONE

This is to give permission to allow my child, 11 years and older, to walk home alone at the end of ACT Program day. Recognizing that ACT Programs will do its best to ensure a safe environment and experience at camp, I understand that certain dangers are present when walking home alone. By signing below, I hereby release ACT Programs and the Cathedral Church of St. John the Divine from responsibility and liability of any nature.

YES, my child has permission to walk home alone from the campus.

NO, my child does not have permission to walk home alone from the campus.

PHOTO RELEASE

I, the undersigned, hereby understand that ACT Program at the Cathedral Church of St. John the Divine, its officers, agents, and employees will take photographs, video, and audio recordings of my child(ren) for the use of educational, promotional, or social media purposes. My child's name and personal information is never included with their photo or associated with their image without additional written permission.

ClassTag

ACT uses the ClassTag application as another way of communicating with families. Through the app you will be able to reach the school directly, view photos, read program updates and sign up for parent conferences. All information will remain in a closed group setting and will only be viewable to teachers and families in the class.

Taking pictures of my children YES NO

Posting on private ClassTag group YES NO

Posting to Social Media (ACT Website, Facebook, Instagram) YES NO

NON-MEDICATION CONSENT

I allow ACT to apply sunscreen and bug spray on my child as needed.

YES, brand name my child will carry: _____

YES, whichever kind ACT has available.

NO, my child will apply it independently.

If my child experiences any side effects, what action should be taken?

Contact Parent Other: _____

Parent/Guardian Signature: _____ Date: _____