

Arumdri Love Saturday School Application Form

Date: ____/____/____

Name:

Date of Birth (mm/dd/yyyy):

Address:

Phone Number:

School and Grade:

Diagnosis:

Primary Caregiver name and contact number:

Secondary Caregiver and contact number:

Emergency contact :

Describe your skills, and education:

Allergies:

Concerns:

Signature

Date

Arumdri Love Saturday School

Signature (parent/legal guardian)

Date

Consent to Release of Confidential Information

I hereby authorize and request to release my protected health information, including personal, psychological, psychiatric, drug/alcohol, medical records and opinions to the Arumdri Love Saturday School staff and/or volunteers. I understand that my participation in the Arumdri Love Saturday School program is voluntary, and the release of my information is inevitably needed for the optimal service delivery and/or for the protection of the program participants. This authorization shall remain valid until the termination of my participation in the program.

Student Name: _____

Address: _____

Signature

Date

Signature (parent/legal guardian)

Date

Parent/Guardian Agreement Form

___ I understand that my child is expected to follow all applicable rules, standards, instructions and laws, including, but not limited to, those that pertain to riding in a motor vehicle and any other mode of transportation.

___ I agree that in the event of an emergency/injury/illness and in the event that I cannot be contacted, the staff member(s) in charge of the program may act on my behalf and at my expense in obtaining medical treatment for my child. I further agree that I release from any claim whatsoever that might arise on account of any such medical treatment.

___ As a parent or guardian, I understand that the staff will do everything possible to prevent any accidents. However, I fully understand that some activities involve inherent risks to students regardless of all feasible safety measures that may be taken by staff, including the possibility of bodily injury, emotional distress, and even death, incurred while transporting to/from or participating in the program.

___ I agree that I am solely responsible for any loss, damage, or injury to my child that occurs during my child's participation in this program that is caused by the negligence, of their officers, trustees, directors, volunteers, agents, chaperones, or other affiliates not including any loss, damage, or injury that is the result of gross negligence or willful misconduct of Arumdri Love Saturday School.

Student Name: _____

Signature

Date

Signature (parent/legal guardian)

Date