**MEDICAL RELEASE – CONTACT FORM**

**2018 PTO Enrichment Program**

**Tuesday, January 9, 2018 – Friday, February 9, 2018**



**PARENT APPROVAL:** I give my child permission to participate in the PTO Enrichment Program. As parent/guardian of the minor, I do hereby for my child listed above, myself, my heirs, my executors and administrators, remise release and forever discharge the Remsenburg-Speonk PTO, the Remsenburg-Speonk UFSD and its employees acting officially or otherwise, for any and all claims, demands, actions, or causes of action on account of my child’s participation in the PTO Enrichment programs. I hereby certify that the above student is my child and the date of their birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I do hereby certify that, to the best of my knowledge and belief, said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume responsibility for any such actions including payment of costs. I hereby advise that the above named minor has had the following allergies, medicine reactions, or unusual physical conditions which should be made know to treating physicians. (If none, please write none)

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician & Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCIPLINE POLICY:** The PTO Enrichment Program is scheduled outside of school hours. However our classes are still part of school. All students are expected to follow the CHARACTER STANDARDS or Respect, Responsibility, Self-Control, Perseverance, Courtesy and Tolerance. If a student does not conduct themselves accordingly, they will be asked to sit in the lobby with the monitor for that class. If the student does not conduct themselves accordingly, they will dropped from the PTO Enrichment Program and no refund will be given.

**Please discuss this policy with your child before signing this agreement.**

MY PARENT AND I DISCUSSED WHAT IS EXPECTED DURING PTO ENRICHMENT CLASS. I UNDERSTAND WHAT IS EXPECTED OF ME. I PLEDGE TO FOLLOW ALL RULES AND USE THE CHARACTER STANDARDS AND ALSO HAVE FUN!

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_