

# Fairfax Collegiate Summer 2012

## Emergency Information and Permission Form

722 Grant St., Ste J  
Herndon, VA 20170  
p) 703 481-3080 • f) 703 481-3081  
www.FairfaxCollegiate.com



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Child	Nickname	Date of Birth	Sex
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Address	Home Phone
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Chronic Physical Problems or Other Important Health Information

### Parents(s)/Guardian(s)

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Father	Place Employed	Business Phone
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Home Address	Home Phone
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Mother	Place Employed	Business Phone
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Home Address	Home Phone
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Person(s) or Agency Having Legal Custody of Child

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Home Address	Home Phone
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Business Address	Business Phone
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### Emergency Information

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Allergies or Intolerances to Food, Medication, etc., and Action to Take in an Emergency

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Child's Physician	Phone
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Emergency Contact #1	Address	Phone
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Emergency Contact #2	Address	Phone
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### Authorization to Obtain Emergency Medical Care

I authorize Fairfax Collegiate to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Child Day Program Licensure Exemption Disclosure

Fairfax Collegiate Summer Programs operate as exempt from Child Day Program Licensure under §63.2-1715.2 of the *Code of Virginia*, which stipulates that children may enter and leave the premises without permission or supervision. In our program children must attend the classes they are registered for, we take attendance, and we notify parents in event of absences. Please consult the Frequently Asked Questions at <http://www.fairfaxcollegiate.com/FAQ> for a detailed description of student arrival, attendance tracking, and departure procedures.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Permission and Liability Release

I give permission for my child, \_\_\_\_\_, to participate in the 2012 Fairfax Collegiate Summer Program. In consideration, I do hereby release and discharge the following organizations and their officers, directors, employees, and agents from any or all claims of damage or liability due to ordinary negligence: Beth El Hebrew Congregation, Ideal Schools, LLC, St. Timothy School, Geshar School, Inc., St. Katherine's Greek Orthodox Church of Northern Virginia, St. Joseph Church, Loudoun Country Day School, Northern Virginia Hebrew Congregation, Green Hedges School, St. John Academy, Fairfax Collegiate School, LLC.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Optional Photo Release

\_\_\_\_ I do \_\_\_\_ I do not give my consent for the Fairfax Collegiate Summer Program to use images of myself or my child, whether on film, electronic media, or other format, for publicity or marketing purposes.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_