Fairfax Collegiate Summer 2017 Emergency Information and Permission Form

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



Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems or Othe	er Important Health Information	Epipen or i	nhaler (please attach authorization form)
Parents(s)/Guardian(s)			
Father or Guardian	Place Employed		Business Phone
Home Address			Home Phone
Mother or Guardian	Place Employed		Business Phone
Home Address			Home Phone
Emergency Information Allergies or Intolerances to Food,	Medication, etc., and Action to Take in a	n Emergency	
Child's Physician			Phone
Emergency Contact #1	Address		Phone
Emergency Contact #2	Address		Phone
Authorization to Obtain En I authorize Fairfax Collegiate to obt Signature of Parent or Guardian:		ency occurs when the parent(s)/guardian(s, _ Date:) cannot be located immediately.
Child Day Program Licensu	re Exemption Disclosure		
may enter and leave the premises	without permission or supervision. In our absences. Please consult the Frequently <i>i</i>	program children must attend the classes	de of Virginia, which stipulates that children they are registered for, we take attendance, giate.com/FAQ for a detailed description of
Signature of Parent or Guardian:		Date:	
Permission and Liability Re	lease		
hereby release and discharge the f ordinary negligence: Beth El Hebre	following organizations and their officers ew Congregation, Ideal Schools, LLC, St. Ti 'n Virginia Hebrew Congregation, Green H	, directors, employees, and agents from an mothy School, Gesher School, Inc., St. Kath	te Summer Program. In consideration, I do y or all claims of damage or liability due to erine's Greek Orthodox Church of Northern Church of the Redeemer, St. Theresa School,
Signature of Parent or Guardian:		Date:	
Photo Release			

By enrolling in our program, you allow Fairfax Collegiate to take photographs and video of your child, which may be used in our catalog, website, and other promotional materials. If you do not want us to photograph or take video of your child, please send a written request before attendence begins with a photo of your child.

Signature of Parent or Guardian:_