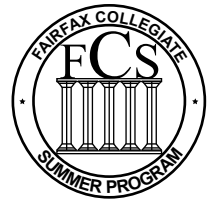


# Fairfax Collegiate Summer 2018 Emergency Information and Permission Form

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  Epipen or inhaler (please attach authorization form)

## Parents(s)/Guardian(s)

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|                    |                |                |
|--------------------|----------------|----------------|
| Father or Guardian | Place Employed | Business Phone |
|--------------------|----------------|----------------|

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|              |            |
|--------------|------------|
| Home Address | Home Phone |
|--------------|------------|

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|                    |                |                |
|--------------------|----------------|----------------|
| Mother or Guardian | Place Employed | Business Phone |
|--------------------|----------------|----------------|

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|              |            |
|--------------|------------|
| Home Address | Home Phone |
|--------------|------------|

## 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 |
|----------------------|---------|-------|

## 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 2018 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, St. Timothy School, Geshur School, Inc., Northern Virginia Hebrew Congregation, Green Hedges School, St. Veronica School, Lutheran Church of the Redeemer, St. Theresa School, BASIS Independent McLean, St. Michael School, and Fairfax Collegiate School, LLC.

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 attendance begins with a photo of your child.

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