

**MEDICAL RELEASE FORM***(Please complete one form for each child)*

Child's Name	Date of Birth
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Address	City
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In the event of an emergency, please contact:

(1) Parent/Guardian	Relation	e-mail
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Home Phone	Work	Cell
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(2) Parent/Guardian	Relation	e-mail
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Home Phone	Work	Cell
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Friend/Relative	Relation
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Home Phone	Work	Cell
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Should none of these contacts be available, I hereby authorize the administration of any treatment deemed necessary by the following doctors:

Preferred Physician	Phone
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Preferred Dentist	Phone
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Please list all known medical conditions, physical impairments, food allergies and/or drug allergies, etc. In addition, list all over-the-counter and/or prescription drugs taken regularly. \_\_\_\_\_

Does your child have a condition or allergy that may require the use of an inhaler or Epi-Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

If answering "Yes," an email will be sent from HMS as we require additional follow-up information. We will need one inhaler and/or Epi-Pen to be stored in the designated area at HMS while your child is enrolled in camp.

CONSENT: I, \_\_\_\_\_, hereby grant permission for any and all medical attention to be administered to my child in the event of any accidental injury or illness until such time as the above listed can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance and any other medical attention as may be required under the recommendation of qualified medical personnel.

Parent/Guardian Signature	Date
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**AUTHORIZED PICK-UPS:** Names of People Authorized to Pick-up this Child and Relationship to Child

SUNSCREEN: May be administered to my child when needed: Yes \_\_\_\_\_ (to be provided by parent) No \_\_\_\_\_

**PHOTO AUTHORIZATION:** My child's photo may be used to promote HMS's clubs or programs in the media, publications or website. No name identification will be used. (Excludes group photos.) Yes \_\_\_\_\_ No \_\_\_\_\_

**OUTREACH:** How did you hear about HMS's summer programs? Printed Ad \_\_\_\_\_ Word of Mouth \_\_\_\_\_  
 HMS Website \_\_\_\_\_ Brochure \_\_\_\_\_ Other \_\_\_\_\_

**\*\*\*\*\*PLEASE TURN OVER TO COMPLETE TRANSPORTATION RELEASE IF APPLICABLE\*\*\*\*\***



# HUDSON | MONTESSORI SCHOOL

## RELEASE FORM FOR CAMPS/SERVICES PROVIDING TRANSPORTATION VIA HMS VAN(S)

**Student's Name:** \_\_\_\_\_

**Hudson Montessori Employee Providing Transportation:** HMS Staff Member

**Please Select Summer Camp Program or Service Name**

- ☐ HMS Math Camp by Mathnasium
- ☐ River Runners and/or Family Kayak Outing
- ☐ Horse Camp
- ☐ Introduction to Aviation (for Field Trip on Friday to MAPS Museum)
- ☐ Hudson Hikes & Nature Crafts
- ☐ The Great Big Acting Camp (for Field Trip on Friday to Magical Theatre Company)

**Please Fill out the Selection Below if Signing Up for Transportation to/from Your Residence**

- ☐ HMS Shuttle to/from \_\_\_\_\_

**Destination Name & Address:** Dependent upon program; see program descriptions

**Date(s) & Time of Trip:** Dependent upon program; see program descriptions

**Please select the car seat(s) your child(ren) uses:**

*\*HMS will supply a car seat for your child*

- ☐ Five Point Booster Car Seat
- ☐ Booster Car Seat with Back
- ☐ Booster Car Seat without Back
- ☐ Does not use a Booster Seat

I, \_\_\_\_\_, give permission for the above named Child/ren to participate in the field trips or outings listed above with transportation provided by the above listed Hudson Montessori School Employee, for the date/s listed above. I understand that Hudson Montessori School is not responsible for the negligence of persons not employed by HMS. Supervision will be provided by School staff, parents, and/or other volunteers. Should a parent or guardian choose to withdraw this consent or restrict any of the above-named student's activities, written notification must be provided to the school no less than 24 hours prior to the scheduled trip/activity. Please note HMS reserves the right to require a booster for a child whose seat belt does not fit properly without one. The shoulder harnesses are not adjustable on the vans and may require a booster seat for any child.

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_