



Consent, Authorization and Release

1. I hereby give my consent for _____, grade _____, gender _____
(Print name of student)

_____ Print Student's Complete Home Address _____ Student's Date of Birth

to participate in Carrollwood Day School athletic activities, school sponsored or classroom sponsored field trips, orientation activities/trips, and other school-supervised functions (including, but not limited to, travel to and from said activities) and in other activities that are part of the expanded Carrollwood Day School program. I realize that if my child abuses the privilege of Carrollwood Day School transportation due to disrespectful behavior or abuse of any vehicle or equipment, traveling on school transportation will be forfeited.

It is my clear understanding that participation in competitive athletics or other activities creates a risk normally associated with such activities and may result in severe injury, including paralysis or death. I agree to indemnify and hold Carrollwood Day School, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with the participation of my child named above in any activities related to the Carrollwood Day School athletic activities, school sponsored or classroom sponsored field trips, orientation activities/trips, and other school-supervised functions (including, but not limited to, travel to and from said activities) or other school program activities.

2. I hereby consent and authorize Carrollwood Day School to send transcripts, test results and recommendations to colleges, universities and scholarship programs. **Colleges and other academic programs that receive transcripts require the student's Social Security Number.**

3. I hereby give permission for Carrollwood Day School's trained staff to administer appropriate medical attention including, but not limited to, first aid treatment and other services. If my child should become ill or injured at a Carrollwood Day School function, on or off campus, I understand that the person(s) in charge will: 1) contact me immediately or 2) contact the person(s) designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician or medical facility is authorized to administer emergency medical treatment necessary to the health and safety of my child. I agree to be financially responsible for emergency medical payments due to services rendered to my child in case of illness or injury, and I will not hold Carrollwood Day School liable for any accidents/injuries that may occur on or off campus at such activities.

Please provide us with complete and accurate medical information so Carrollwood Day School may respond appropriately in an emergency. For your child's safety, this information will be shared with your child's teacher, athletics, and after school care, unless otherwise requested.

- My child is currently taking the following medications (list ALL, or write "none"): _____
- My child suffers an allergic reaction to the following medications/substances: _____
- Please list ALL existing medical conditions: _____

My **elementary** child may be given: _____ Benadryl Gel
My **middle school/upper school** child may be given: _____ Acetaminophen (Tylenol) _____ Ibuprofen (Advil) _____ Benadryl _____ TUMS
(Please check approved over-the-counter medications)

Family Physician: _____ Office Phone: _____
Insurance Company: _____ Policy Number: _____

_____ Print Name of Parent/Guardian _____ Business Phone _____ Cell Phone _____ Home Phone
_____ Print Name of Parent/Guardian _____ Business Phone _____ Cell Phone _____ Home Phone

Emergency Information:
If Parents cannot be reached in an emergency, contact _____
Print Name Phone

- 4. I hereby state that, to the best of my knowledge, my answers to the above questions are correct, and I understand that it is my responsibility to notify the school nurse, as soon as possible, if any changes to the above information occur.
- 5. By this authorization, I indemnify, release and hold Carrollwood Day School harmless from any and all liability in providing care and treatment to my child, and further, I grant my permission regarding the use of the above information.
- 6. I also acknowledge that I have read and agree to abide by, support and uphold the rules and policies of Carrollwood Day School as stated in the current year's Student Handbook or as amended thereafter by Carrollwood Day School.

_____ Signature of Parent/Legal Guardian _____ Date

7. **Student acknowledgement:** I have read and agree to abide by the rules and policies of Carrollwood Day School as stated in the current year's Student Handbook or as amended thereafter by Carrollwood Day School.

_____ Signature of Student _____ Date