

**TEWKSBURY PUBLIC SCHOOLS
SUMMER EXTENDED DAY PROGRAMS**

ACCIDENT-ILLNESS FORM

TO PARENTS/GUARDIANS OF SUMMER EXTENDED DAY CHILDREN:

In case of accident, illness or other emergency, the Summer Extended Day staff must be able to locate parents/guardians or some other person who will care for your child. For these reasons, we must have on file the names and phone numbers of two other persons who may be called to take care of your child if the parents/guardians cannot be reached. Please supply the information requested below and return this report to our office with your registration form. Thank you for your cooperation.

Student's Name _____ Date of Birth _____ Grade Sept 2018 _____
Last First MI

Home Address _____ Tewksbury, MA 01876 Home Phone () _____

Parent/Guardian (#1): _____ Parent/Guardian (#2): _____

Cell (#1): () _____ Cell (#2): () _____

Parent/Guardian (#1) Place of Business _____ Business Phone () _____

Parent/Guardian (#2) Place of Business _____ Business Phone () _____

Names of **two persons** who may be called to take care of (and/or pick up) your child in absence of the parent/guardian. These people, if not known by the staff, must provide appropriate identification. **(At least one person should be LOCAL).**

Name _____ Address _____

Home Phone () _____ Cell Phone () _____ Business Phone () _____

Name _____ Address _____

Home Phone () _____ Cell Phone () _____ Business Phone () _____

In case we cannot get in touch with you and your child needs emergency medical attention, do you authorize this at your expense?
YES _____ NO _____ If your answer is no, please describe an alternative action plan.

Name of Doctor: _____ Address _____ Phone () _____

Name of Dentist: _____ Address _____ Phone () _____

Name of Insurance Company: _____ Policy #: _____

Note: In case of an emergency, the Tewksbury Fire Department will be called and your child will be transported to the NEAREST HOSPITAL at the discretion of the ambulance service.

If we cannot reach your doctor, may we call one available? YES _____ NO _____ If your answer is no, please describe an alternative action plan.

Does your child have any illnesses, diseases, accidents, allergies, or other chronic health problems? YES _____ NO _____
IF YES, PLEASE LIST. _____

Are there any medications that need to be or may need to be administered during program hours? YES _____ NO _____

If the answer is "yes", you must come to the site to administer these medications. _____

Signed _____ (PARENT OR GUARDIAN) _____ (DATE)

IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE STAFF IF ANY OF THE ABOVE PHONE NUMBERS OR INFORMATION SHOULD CHANGE.

TOWN OF TEWKSBURY
TEWKSBURY PUBLIC SCHOOLS
CONSENT AND RELEASE FORM

PARTICIPATION IN VOLUNTARY, CO-CURRICULAR AND ATHLETIC ACTIVITIES
2018- 2019 SCHOOL YEAR

I/We, the undersigned _____
Name(s) of parent(s) or guardian(s)—insert legal relationship to student, e.g. “parent(s)”, guardian(s)

of _____, my/our child a minor, do hereby consent to my/our child’s participation in voluntary athletic, recreation or extra-curricular programs (“Programs”) of the Town or Public Schools of Tewksbury.

I/We represent and warrant that I/we am/are the parent(s) or guardian(s) of said child with authority to so consent and to sign this Consent and Release Form (the “Form”).

I/We agree to forever release the Town or Public Schools of Tewksbury and all their employees, agents, board members, volunteers, and any and all individuals or organizations (the “Releasees”) assisting or participating in said Programs of the Releasees from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my/our child or property damage resulting from my/our child’s participation in said Programs.

I/We also agree to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my/our child or property damage resulting from my/our child’s participation in said Programs.

I/We understand that my/our child’s participation in said Programs is voluntary and that my/our child and I/we am/are free to choose not to participate in said Programs. By signing this Form, I/we affirm that I/we have decided to allow my/our child to participate in said Programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my/our child or I/we may suffer as a result of participating in said Programs.

I/We further affirm that I/we have read this Form with care and that I/we understand the contents of this Form. I/We understand and acknowledge that this Form is a legal instrument, which may affect my/our legal or my/our child’s legal rights, and that I/we was/were afforded the opportunity to have this Form reviewed by legal counsel of my/our choice before signing this Form.

I/We acknowledge that this Form is a legal instrument, which may affect legal rights, and that parents or guardians are afforded the opportunity to have the Form reviewed by legal counsel prior to signing.

I/We sign this form voluntarily and freely without duress. I/We further acknowledge that the Releasees have made no representation of fact or opinion to me/us, which in any manner has induced me/us to agree to sign this Form.

Signed:

Witness To Signatures:

Date _____

Parent(s) or Guardian(s) of:
