



# SCHOOL-AGE CARE CONSENT FORM

## EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency when I cannot be reached, I hereby authorize the administration of any medical procedures deemed necessary by my doctor, or, if my doctor is unavailable, by any other physician selected by a care-giver employed at A Gym Tale.

Date: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

## PHOTO CONSENT

I hereby give my permission to the staff of A Gym Tale to photograph my child. I understand that these photographs may be posted in the centre or on A Gym Tale's website where they may be viewed by individuals other than program participants.

I acknowledge further that parents of other nursery school students take pictures of the children. As a result, it may be that my child is included in other photos as well.

Date: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

## AUTHORIZATION & RELEASE FOR EPIPENS AND INHALERS

- Epipen (check if your child may need an epipen administered during school hours)
  - Child will be carrying Epipen on his person
  
- Inhaler (check if your child may need an inhaler administered during school hours)

Directions for use: \_\_\_\_\_

I/we hereby request that the administration of the above noted medication be provided. I/we understand that the service will be provided by a person without medical or nursing training. All training will be the parent's responsibility. I/we agree to provide A Gym Tale with an updated medical statement if there is any change in the physician's instructions with respect to medication.

I/we hereby release A Gym Tale Inc., its employees and agents from all manner of actions, causes of action, suits, losses, damage or injuries, however caused, arising out of the administration or failure to administer medication as provided herein.

Date: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_