



# Mars Academy

Morality • Academics • Reasoning • Social Action

## EMERGENCY FORM

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Mother's E-Mail Address: \_\_\_\_\_

Father: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Father's E-Mail Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Persons to contact in case of emergency, (if we can not reach you) :

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Persons authorized to pick up your child :

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

1) This Consent, Authorization and Release Form is for above said minor, who will here to for be referred to as "The Minor." 2) This Consent, Authorization and Release Form is provided to the Director and staff of Mars Academy for children in the Los Angeles area. 3) This Consent, Authorization and Release Form is applicable to any and all such programs of Mars Academy. 4) The Minor has my consent to participate in all programs which s/he attends. There are no limitations or restrictions of any kind whatsoever on such participation unless this line is initialed \_\_\_\_\_ with an explanation attached. 5) The Minor has been instructed by me, and understands and agrees to comply with all rules, regulations and code of conduct established by the Director and the official instructions and directives of all authorized staff, volunteers and other agents of Mars Academy. 6) You are expressly authorized to engage appropriate health care providers to administer, prescribe and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization or medical procedures and services deemed appropriate under circumstances. If you are not able to timely contact me for instruction, acting as my authorized agent and at my sole cost and expense. There are no exceptions or limitations or other special instructions in connection with the foregoing unless the line is initialed \_\_\_\_\_ with an explanation attached to this page. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. 7) Unless this line is initialed \_\_\_\_\_ and I have provided you with specific instructions, directions or other specific data to the contrary, attached to this page, you may assume that The Minor has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participation. 8) I expressly release and agree to indemnify and hold Mars Academy, its Director, and all authorized staff, volunteers and other agents, free and harmless from any and all liability, charges, claims, costs and expenses of every kind and nature whatsoever, including reasonable attorney fees in connection with the acceptance and participation of The Minor in said programs. The foregoing Release is without reservation of any kind except only for such acts or omissions on your part that arise out of your intentional or negligent wrongdoing and without fault of any kind on the part of The Minor, or on my part in failing to disclose pertinent information to you. 9) I represent to you that I have sole, full and legal power and the right to execute this Consent, Authorization and Release, and that you will rely on my representations. 10) If this Consent, Authorization and Release is signed by more than one person, all references of the singular shall include the plural jointly and severally.

I DECLARE, UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION AND RELEASE, THAT I HAVE OBTAINED SUCH ADVICE OF AN ATTORNEY AND OF A LICENSED PHYSICIAN AS I DEEMED NECESSARY, TO MY COMPLETE SATISFACTIONS, THAT I HAVE RETAINED A TRUE COPY OF THIS DOCUMENT.

Parent's Signature: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Signing Parent's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

RM: \_\_\_\_\_ I: \_\_\_\_\_