

Alternate Pick-up Authorization

I authorize the following individuals to pick up my child from the program.

_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

___By checking this space, I authorize my child to walk home from the program unescorted.

Special Considerations

Are there any special considerations we should know about your child? Please describe any special needs (medical, emotional, behavioral) and/or allergies of which we should be aware. Please note that no nurse is on duty during SummerFun programs and staff has no access to medications:

Emergency Contact

Child's Last Name, First Name

List an individual who we may contact if your child should become ill and need to be sent home:

_____	_____	_____
Name	Relationship	Phone Number

I/We, the parents/guardians of _____ a minor, hereby consent to his/her participation in the Arlington Community Education SummerFun program, the taking of photos of my/our child and/or promotion of the program, and to his/her use of the Arlington Public Schools facilities and equipment. I/We further agree to release and hold harmless the Town of Arlington, Arlington Public Schools and the employees, agents and assigns from all liability or expenses arising out of any incident involving, or any account of any injury to the above named minor in connection with this program. I/We further consent to treatment by emergency personnel in the event of injury to or illness of our child during his/her participation in this program. I/We accept full responsibility for all costs for any such emergency treatment. I/We agree to abide by APS policies.

Parent/Guardian Signature (required) _____ Date _____

Arlington SummerFun is a program of the Arlington Public Schools.