



## Kismet Kids Emergency & Release Form

### CHILD INFORMATION:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

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

Home Phone: \_\_\_\_\_ Alter. Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### EMERGENCY CONTACTS: 2 PLEASE

#### Primary:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### Secondary:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### MEDICAL INFORMATION:

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Issues, Allergies, Medications: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### IDENTIFYING FEATURES:

Please provide us with a picture of your child.

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Birthmarks \_\_\_\_\_

Ethnicity \_\_\_\_\_

### PARENT/GUARDIAN AUTHORIZATIONS:

The health history I have provided for the child indicated above is correct & complete as far as I know and s/he has my permission to engage in all Kismet Kids program activities except as noted below (if none, please write "No Exceptions):

\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission to Kismet to provide first aid and seek emergency medical treatment including ordering x-rays or routine tests if necessary. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Kismet to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Kismet to secure and administer treatment, including hospitalization, for the child named above. I agree to be wholly and solely responsible for any and all costs related to the first aid and emergency treatment of my child, and I further agree to defend, indemnify and hold Kismet harmless from all claims for such costs. This completed form may be photocopied as necessary.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD/CAMPER RELEASE:**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, give permission for the staff at Kismet to release my child to any of the following people::

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

By signing below, I am indicating that I understand and agree to follow all that is contained in this form. I understand that anyone picking up my child may be asked for identification. I release Kismet, and any of its agents from any liability. I understand that if I make alternative arrangements from those indicated on this form, that I must provide written notification, in advance, that is both dated and signed by me. I understand that if there is any confusion caused by my changing my child's pick-up arrangements, that Kismet will not release my child to anyone until the matter has been cleared up. I understand that in this event the Kismet staff will contact me by phone.

**Signature of Parent/Guardian:** \_\_\_\_\_

**PHOTOGRAPH RELEASE:**

From time to time, photographs are taken of children during Kismet Kids programs. These photographs are occasionally used in presentations, displays, published in local newspapers, on our website. Often, when photographs are displayed or published, children are identified by name in a caption. (We will never use a child's name with their photograph on the website.)

Please check the appropriate response and sign:

- I allow my child, \_\_\_\_\_ to be photographed.
- I deny permission for my child, \_\_\_\_\_ to be photographed.
- I allow my child, \_\_\_\_\_ to be photographed for local use, but please do NOT use his/her image on your website.

**Signature of Parent/Guardian:** \_\_\_\_\_

**CONSENT & RELEASE:**

I, the undersigned, as a legal adult or parent/legal guardian of a minor, do hereby consent to my child's participation in the Kismet Kids programs at Kismet Wellness LLC. I understand that my child's participation in this program is voluntary and that my child is free to choose not to participate in said program. I also agree, on behalf of myself and my child and our next of kin, to forever release Kismet Wellness LLC, and its officers, managers, members, employees, agents, teachers, instructors and volunteers and any and all individuals and organizations assisting or participating in the Kismet Kids program (collectively, "Kismet") from any and all claims, demands, suits, damages, losses and expenses, rights of action and causes of action (collectively, "Claims") that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself/my child or property damage resulting from my child's participation in any activity at Kismet, including without limitation, birthday parties, creative play babysitting, art classes, yoga classes, martial arts classes, workshops, movie nights, camps, etc. I further agree to defend, indemnify and hold Kismet harmless from all such Claims. I fully realize that activities at Kismet can be dangerous and could result in serious injury or possibly death and freely assume that risk. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. By signing this Form, I affirm that I have decided to allow my child to participate in the Kismet Kids program with full knowledge that Kismet will not be liable to anyone for personal injuries and property damage I/my child may suffer in the voluntary Kismet Kids program.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMISSION TO ADMINISTER PROTOCOL MEDICATIONS:**

**Camper Name:** \_\_\_\_\_ **Gender :** M / F **Gr. (Fall 07):** \_\_\_\_\_

I give the following permissions to the camp health aid to administer the following protocol medication to my child as needed:

*Please circle for each medication:*

Acetaminophen: YES / NO

Benadryl: YES / NO

Antibiotic Ointment: YES / NO

**Signature of Parent/Guardian:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BEHAVIOR CONTRACT:**

By signing this contract, you are affirming that you have received, and accept, the behavioral expectations we have outlined for your child while participating in a Kismet Kids activity. You are aware of the procedures we will use in the event that we feel your child needs to be disciplined during a Kismet Kids activity.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_