

To Be Completed by Administration  
 Media Consent: Yes  No   
 School Year \_\_\_\_\_

## EMERGENCY INFORMATION

You must print clearly and sign below

Last	First	MI	
STUDENT: _____			M <input type="checkbox"/> F <input type="checkbox"/> DOB _____
Address _____		City _____	State _____ Zip _____
ALLERGIES _____		MEDICAL CONDITIONS _____	
FIRST Contact/Emergency Contact Person _____			Relationship _____
MOTHER/Guardian _____		Phone (____) _____	
E-mail _____		Work (____) _____	
FATHER/Guardian _____		Phone (____) _____	
E-mail _____		Work (____) _____	

By signing below, I hereby give VENS Playschool permission to authorize treatment and transportation for my child with the appropriate medical personnel in the event I cannot be reached in an emergency.

## EMERGENCY CONTACTS OTHER THAN PARENTS

NAME	PHONE	RELATIONSHIP

## ADDITIONAL AUTHORIZED PICKUP PERSON/S

No child will be released to anyone not listed without prior written consent from parent or guardian

NAME	RELATIONSHIP

## AUTHORIZATION TO ADMINISTER MEDICATION

Prescription medications it must be left in the office in the original container.

Prescription Name	Dosage	Times
Check all over the counter medications you will allow to be given for fever, allergies, bee sting, cuts or sunscreen.		
Antibacterial <input type="checkbox"/>	Tylenol <input type="checkbox"/>	Sunscreen <input type="checkbox"/>
Hydrocortisone <input type="checkbox"/>	Orajel <input type="checkbox"/>	Benadryl <input type="checkbox"/>
gas drops(infants) <input type="checkbox"/>		

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_



## Student Media Consent and Release Form

Throughout the school year, students may be highlighted in efforts to promote VENS activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of \_\_\_\_\_, hereby give VENS and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

**a.** This is with the understanding that neither VENS nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

**b.** I further release and relieve VENS, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.

Please Print Name of child \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_