Fay School

Student Visit Day
RELEASE FORM

Applicant's Name: _____ Entering Grade: _____

Date of Birth: _____ Date of Visit: _____

Allergies (please list): _____

In case of emergency, please contact:

Name: _____ Tel: (_____) _____

PARENT/GUARDIAN AUTHORIZATION

I give permission for my child to participate in all FAY SCHOOL activities, whether physical education, recess or extra-curricular, while on or off FAY SCHOOL's premises both today and also during any subsequent visit as part of the application process. I hereby release FAY SCHOOL, its trustees, employees and all others associated with FAY SCHOOL, from any and all liability related to any loss or damage sustained by me or my child related to any injury to him or her or his or her property while he or she is at FAY SCHOOL or otherwise engaged in visiting FAY SCHOOL.

In case of an emergency, I authorize FAY SCHOOL to obtain medical care for my child. I hereby appoint FAY SCHOOL to be my true and lawful attorney for the purpose of taking all steps necessary to ensure the proper care (including but not limited to medical, surgical, hospital, and doctor's care and treatment) of said minor child and to execute any and all necessary documents and papers requested by any person prior to treatment of or rendering care and treatment to said minor child, the same as the undersigned could do if I were present and requested such care and treatment. This permission is to be used only in circumstances where the parent or guardian or other emergency contact cannot be reached in a timely manner to give consent.

IN CASE OF ACCIDENT, ILLNESS OR OTHER EMERGENCY, I REQUEST THAT THE SCHOOL CONTACT ME. IF THE SCHOOL CAN NOT REACH ME, I GIVE PERMISSION FOR SCHOOL STAFF TO CALL PARAMEDICS OR THE PHYSICIAN LISTED ABOVE. IF A LIFE-THREATENING EMERGENCY EXISTS, I GIVE PERMISSION FOR SCHOOL STAFF TO CALL PARAMEDICS IMMEDIATELY AND TO THEN CONTACT ME AS SOON AS POSSIBLE THEREAFTER.

Print Name: _____

Parent/Guardian Signature: _____ Date: _____