



LYCÉE FRANÇAIS DE SAN DIEGO

Lycee Francais De San Diego , d.b.a La petite Ecole

STUDENT INFORMATION/CHECK-OUT PERMISSION FORM

CHILD 1 NAME	BIRTHDATE	AGE
CHILD 2 NAME	BIRTHDATE	AGE
ADDRESS		
CITY	STATE	ZIP
PARENT/GUARDIAN 1 NAME	CELL PHONE	WORK PHONE
EMAIL		
PARENT/GUARDIAN 2 NAME		CELL PHONE
<p align="center">WILL THIS CHILD REQUIRE MEDICATION WHILE ATTENDING THE PROGRAM? ___ YES ___ NO IF "YES" PLEASE COMPLETE AUTHORIZATION TO ADMINISTER MEDICATION FORM BELOW</p>		
AUTHORIZED PICK UP PERSONS (Please list the names of persons, including yourself, authorized to pick up your child(ren)).		
EMERGENCY CONTACT NAME (OTHER THAN PARENT)	PHONE	RELATIONSHIP
PLEASE LIST ANY PERTINENT MEDICAL CONDITIONS OR ALLERGIES YOU WOULD LIKE US TO BE AWARE OF.		
PLEASE LIST ANY LIMITATIONS YOUR CHILD MAY HAVE IN PARTICIPATING IN THE ACTIVITIES OR SPECIAL INSTRUCTIONS TO ASSIST IN YOUR CHILD'S ENJOYMENT OF CAMP.		
CHILD'S IMMUNIZATIONS ARE CURRENT/UP TO DATE? ___ YES ___ NO/EXEMPT <input type="radio"/> <input type="radio"/>		



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1. **RELEASE:** In consideration for the Student being allowed to participate in the Activity and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the Le Lycee Francais et International de San Diego, d.b.a. Le Lycee Francais de San Diego (LFSD) and their employees, officers, directors, volunteers and agents (collectively "Released Parties") from any and all claims, whether known or unknown and including claims of the Released Parties negligence resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss the Student may suffer because of participation in the Activity. In granting this release, I specifically waive the provisions of California Civil Code Section 1542 which reads: **A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.**
2. **STUDENT ABILITIES:** The undersigned acknowledges that the Student has the skills and physical ability to properly participate in the activity without need for special accommodations. The undersigned agrees that if the Student requires any special accommodations, the undersigned will request a meeting with LFSD staff, prior to enrollment, to discuss possible accommodations.
3. **HEALTH INSURANCE:** If the Student needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that the Student should carry their own health insurance.
4. **EMERGENCY TREATMENT CONSENT:** The undersigned hereby gives consent to medical treatment of the Student in the event of an emergency.
5. **IMAGE RELEASE:** I give my consent for my child to be included in photographs, videos, slides and movies taken by LFSD staff. I understand that these pictures will be the property of LFSD and might appear in promotional materials, publications and social media.
6. **LOST ITEMS:** LFSD is not responsible for any personal items that may be lost or stolen during the Activity.
7. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

APPROVAL OF PARENT/LEGAL GUARDIAN ON BEHALF OF MINOR: I am the parent and/or legal guardian of the above-named Student. I give my consent to the participation in the activity by the Student. I have read and understand this agreement and realize the agreement involves releasing valuable legal rights of the Student and myself. Nonetheless I agree to be bound by all of the terms of the agreement.

DATE: _____

Print Parent/Guardian Name

Parent/Guardian Signature



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AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY (If Applicable)

For the safety of our child, we have a strict policy for the handling of medication at LFSD. If your child will be taking medication while attending the program, please be sure to follow the specific procedures listed below. Please note: Students will not be admitted to the program if these procedures are not followed.

- We ask that students attending the program please take ALL medication and/or vitamins before arriving, unless they MUST be taken during program hours.
- ALL medication MUST be brought to LFSD in their ORIGINAL CONTAINERS and given to LFSD staff on the first day of the program. Please do not take the medication out of the container.
- The original container must identify (in English) the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.
- Students will be responsible for self-administering medication in accordance with the instructions below. In the case of emergency, or the child cannot administer the medication themselves, a LFSD staff member will assist.
- Students needing injections (insulin, hormones, etc.) will need to self-administer the medication.
- LFSD staff are not medical professionals. We will attempt to meet all reasonable accommodations regarding your child and the medication they need to take during the program.
- All medication information MUST be completely entered in your child's Health History form.
- It is the responsibility of the Parent/Guardian to pick up any remaining medication at the end of the program. Any medication and/or vitamins left at LFSD will be disposed of.

MEDICATION 1	
DOSAGE	TIME OF DAY
NOTES	

MEDICATION 2	
DOSAGE	TIME OF DAY
NOTES	

I HEREBY AUTHORIZE the designated representatives of Le Lycee Francais et International de San Diego, d.b.a. Le Lycee Francais de San Diego (LFSD) to administer the medication described on this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY form. It is the policy of LFSD to provide the medicine to the child to self-administer in accordance with instructions listed on this form. Should the child be unable to administer the medication themselves, a staff member will assist in the administration. In consideration of the administration of this medication in accordance with the directions of my child's doctor, I hereby release LFSD and all of their officers, employees and agents (referred to below as the "RELEASED PARTIES") from any and all liability for damages resulting from the administration of this medication to my child. I further agree to hold harmless and indemnify the RELEASED PARTIES from any costs or expenses associated with any claim brought against them for actions taken pursuant to this AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY and such indemnification to include attorney fees, costs of any litigation or claim or any damages or out of pocket costs occasioned by LFSD its agents or representatives or employees.

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN

DATE

PARENT AND/OR LEGAL GUARDIAN NAME