

KIDS COLLEGE 2013 PICK-UP FORM

Child's Name: _____

Please complete a separate form for each child.

A parent or guardian must complete this form. List below the person(s) with permission to **pick up** your child from class. Your child's instructor/instructional assistant will only release your child to the listed individual(s). Anyone picking up your child (including yourself) will need to provide a driver's license as proof of identity **each time** you or an authorized person pick up your child.

I give permission for the following individual(s) to pick up my child from the **2013 Kids College Program**.

I understand that a driver's license will be required as proof of identity EVERY TIME SOMEONE PICKS UP MY CHILD. I also understand that my child will not be released to any individual(s) not on this list.

Please print or type names clearly. **Be sure to include your own name as well as the names of other guardians or relatives.** If you need to add names to this list later, please submit an amended list.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Class/classes for which child has registered:

Parent Release Form (Optional)

You only have to fill this portion out if you want your child to be allowed to sign themselves out of class without an adult signature. READ CAREFULLY!

I give permission for _____ to leave his/her assigned Kids College classroom and walk **unattended to the parking lot** of the Regional Workforce Development Center. I will not hold the Kids College Program, the Regional Workforce Development Center, or Paul D. Camp Community College responsible in any way for my child's welfare after he/she leaves the classroom.

Parent/Guardian Name (please print): _____

Child's Name: _____ Date: _____

Parent/Guardian Signature: _____

This release form will remain on file and may cover any of the courses for which your child is registered for the remainder of this summer's Kids College program. Please contact us immediately if your preference on this matter changes.

Pick-Up Form/Parent Release

KIDS COLLEGE 2013 MEDICAL INFORMATION FORM

I, _____, do hereby willingly give permission for my child, _____, to participate in *Kids College 2013*. I agree to abide by the safety guidelines prescribed by the course instructor. I understand that there may be inherent in this activity a risk of physical injury, and exposure to the possibility of illness. I further understand that the Commonwealth of Virginia, Paul D. Community College, its officers, agents, and employees, assume no liability for injury to persons or injury to, or loss of, property. Please attach a sheet to this form if necessary to fully answer the following inquiry.

Medical Information

Allergies: _____

Any medical conditions instructors should know about:

What steps would be helpful to avoid any difficulty associated with the foregoing condition or condition?

Telephone number(s) where you can be reached during class session(s): _____
Alternate Phone: _____

Emergency Contact Listing

Emergency Contact: _____ Relationship: _____ Phone #: (____) ____ - ____
Alternate Phone #: (____) ____ - ____

Emergency Contact: _____ Relationship: _____ Phone #: (____) ____ - ____
Alternate Phone #: (____) ____ - ____

Emergency Contact: _____ Relationship: _____ Phone #: (____) ____ - ____
Alternate Phone #: (____) ____ - ____

Primary Insurance: (Indicate if covered under more than one policy.)

Company Policy Number/Plan or Group Number

I have read the above carefully before signing and provided all information necessary for the informed management of my child in the event of any emergency.

Printed Name of Parent

Signature of Parent

Date