

Please complete, sign & return to Cornerstone School.

PERMISSION SLIP

2011-12 Cornerstone Eco-Eagles

Student's name _____ Grade _____ Teacher _____

Does student have any medical conditions or allergies? Yes No

If yes, please state (continue on back or on separate piece of paper, if necessary, and attach to this form):

Parent/guardian name _____

Home phone _____ Cell phone _____ Work phone _____

Email: _____

Which is the best number to reach you at during meetings? Home Cell Work

In case of emergency whom should we contact? Make sure contacts are aware that you have listed them.

Name _____ Relationship: Relative Neighbor/Friend

Home phone _____ Cell phone _____ Work phone _____

Which is the best number to reach contact at during meetings? Home Cell Work

Waivers, releases and agreements (please read the following carefully):

- I, as a parent or guardian of the child listed on this form, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the Reaping Nature Educational Outreach Foundation, Inc. and Reaping Nature Productions, LLC, their officers, directors, volunteers and/or employees from all risk and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I have had the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activities and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance.
- The medical information noted above is correct so far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by me. I understand every reasonable effort will be made to contact myself or stated emergency contact. I give permission to emergency personnel and any attending physician to administer medical treatment to my child as they may deem necessary.
- I hereby agree and consent that said child may be photographed for print, video or electronic imaging. I understand that the images may be used in promotional materials, news releases and other published formats by Reaping Nature Educational Outreach Foundation, Inc. and/or Reaping Nature Productions, LLC. I acknowledge that the images will be the sole property of Reaping Nature Educational Outreach Foundation, Inc. and Reaping Nature Productions, LLC.
- I understand that staff of Reaping Nature Educational Outreach Foundation, Inc. and Reaping Nature Productions, LLC may not administer any medications.
- I understand that Reaping Nature Educational Outreach Foundation, Inc. and Reaping Nature Productions, LLC are not responsible for lost or stolen items and that said child should not bring personal belongings such as toys, jewelry or money to meetings.
- I will pick up said child at the designated time listed. I understand that I may be required to show a picture ID as will anyone I authorize to pick up said child.

For participants who may require the use of an epi-pen:

- The school nurse should have epi-pen in his/her office.
- The child should be informed on how to use the epi-pen prior to arriving at meetings.

By signing this form I agree that I have read and understand the policies and agreements on the front and back of this form.

Signed by: _____ Date: _____, 2011

Relationship to student registered: _____ *Please retain a copy of this form for your records.*