

Freedom Crossing Academy Extended Day Enrichment Program Activity Registration page 2 of 2

Medical Information:

Physician's Name _____ Phone _____

Address _____

List of Allergies, Medical Concerns, and/or special Needs: _____

Authorizations for Emergency Care: In case of accident or serious illness, I hereby authorize Freedom Crossing Academy Extended Day to provide the necessary immediate care. In the event that they are unable to reach me, I hereby authorize the contact of Emergency Services.

General Release of Liability

The undersigned agrees to release and forever discharge Freedom Crossing Academy Extended Day Program and the St. Johns County School Board, their officers, servants, agents and employees from all claims and demands, rights and causes of action of any kind the undersigned now has or hereby may have on account or in any way arising from personal injuries and/or property damage known or unknown to the undersigned at the present time that results from an occurrence which may happen to the below stated child/children during time spent in the FCA EDP, barring proven supervisory neglect.

Photograph Consent

I give FCA Extended Day consent to photograph or videotape my child. These photos/videos will be used solely for the FCA Extended Day, and possibly the FCA Yearbook or FCA Extended Day Website. No names will be used on the website.

Your Signature is your agreement that you agree to the terms and conditions for mentioned in the previous paragraphs and page.

Parent Full Name (Printed)

Parent Signature

Date Signed