



HILLSIDE

2012 Summer Discovery Program

Consent & Waiver Form

Consent for Hospital / Physician's Care

Child's Name: _____ Date of Birth _____ Male: _____ Female: _____

Mother's Name: _____

Mother's Phone Numbers: _____
(home) (work) (cell)

Father's Name: _____

Father's Phone Numbers _____
(home) (work) (cell)

In the event that my child is in need of medical/dental attention while at Hillside Student Community School, and every reasonable attempt to reach me/us is unsuccessful. I/we give permission for _____ to receive medical/dental evaluation/treatment as needed.

(parent or guardian's signature)

(parent or guardian's name printed)

(date)

Waiver of Liability

I authorize my child to participate in the Hillside Student Community School Summer Program. I hereby waive and release Hillside Student Community, and their representatives from any and all liability for an injury or illness incurred by my child while participating in any of the summer camps or activities.

(parent or guardian's signature)

(parent or guardian's name printed)

(date)

Consent to Photograph

The undersigned do hereby authorize Hillside Student Community School to photograph or permit other persons to photograph _____ while under their care, and agree that they may use or permit other persons to use the negatives, prints, or images prepared therefrom for such purposes and in such manner as may be deemed necessary.

Yes

No

(parent or guardian's signature)

(parent or guardian's name printed)

(date)

Please mail this form along with your check and Registration Form to:
Hillside Student Community School
Attn.: Monique Catino
5027 159th Place SE
Bellevue, WA 98006-3636