

Legal Permission to Care for Your Child

I release and forever discharge the Unchartered Tutoring and each and every one of its officers, directors, partners, shareholders, employees, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the "Released Parties") from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness, and treatment of _____.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of _____ against the Released Parties.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility there for.

Date _____

Signature _____

Printed _____

Emergency Phone _____

Address _____ City _____

State _____ Zip _____

Legal Permission to Treat Your Child

Unchartered does not anticipate any particularly dangerous activities. The most dangerous activities we plan to undertake is a walk to a park less than a half mile away, which might include crossing streets, playing on gym equipment. Please sign this form in case something unplanned occurs and medical intervention is needed.

I, _____ hereby give permission to the medical personnel selected by Unchartered to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child, named _____. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Unchartered to secure and administer treatment, including hospitalization, for the person named above.

Signed _____ Date _____

Printed _____

Over-the-counter Medications

I (parent), _____ hereby give permission for Camp White Cloud to administer the following over-the-counter medications, that I have provided, if it is necessary, to my child, named _____. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Please cross out and initial any medications not deemed appropriate for your child, for whatever reason. Unchartered cannot provide these medications, but will administer them if provided with this form. If a medication required for your child is not listed, please email me at ancannan@gmail.com to ask about the medication and list it below.

Headache	Tylenol®
Upset Stomach	Pepto Bismol®
Diarrhea	Immodium AD®
Menstrual cramps	Ibuprophen®
Poison Ivy	Calamine Lotion or CortAid®

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed _____ Date _____

Printed _____

Art Show Participation Permission Slip

I give my permission to display my child's artwork in gallery shows, contests, and exhibits. I understand that: (a) Unchartered preserves students' privacy and anonymity by listing the artwork only under the student's "Display Name" as written below, you may choose how much information to disclose and the grade and school the student attends; (b) entry into these shows does not require the students to relinquish his/her copyright – the student continues to own the copyright to his/her artwork; (c) pictures of the artwork may be taken by others, including media, while on display.

Student Name: _____

Student Name for Display with Piece: _____

Grade: _____ School: _____

Parent Names: _____

Best Phone Number: _____

Email address: _____

Parent Signature: _____

Date: _____