

The Mountain School

Emergency Information

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|---------------------------------------|---|
| 1. Child's Name(s) | Home phone |
| 2. Parent/guardian Mailing Address | Work phone : Cell Phone: Email Address: |
| 3. Parent/guardian | Work phone: Cell Phone: |
| 4. Doctor | Phone: |

In case of emergency and the parents/guardians cannot be reached, please notify:

| |
|-------------------------------|
| Name and Phone numbers: _____ |
| Name and Phone numbers: _____ |

Emergency Medical Treatment Procedure and Consent for Treatment

It is the general policy of THE MOUNTAIN SCHOOL to transport to the local emergency room any child who is injured while in our care and requires emergency treatment. We will follow this general policy if the person in charge judges that a delay in securing treatment would not be in the best interests of the child. Whenever possible, parents will be notified and asked to take their child to their family physician for medical treatment.

YES, I would like the above procedure followed for _____

In the event I cannot be reached, I hereby authorize the calling of our family physician, or if not available, another licensed physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

Signature: _____ Date: _____

NO, I do not want the above policy followed for _____

I prefer the following procedure:

Parent's Signature: _____ Date: _____

The following people are allowed to pick up my child:

Medications and or Allergies:

Please have both parents or guardians sign the following:

Waiver/Release/Assumption of Risk

I/we _____, in consideration of the educational programs to be provided to my child, _____, on behalf of myself/ourselves and my/our child, release, waive, hold harmless and forever discharge **The Mountain School, Ltd.** (the "School"), its officers, directors, employees, volunteers, independent contractors, agents and/or representatives of any kind, from any and all liability for all actions, all bodily injury and property damage claims, demands, or damages accruing to me/us resulting from any known or unknown injury, loss, or damage to person or property, or death, together with any attorney's fees and costs of litigation including, but not limited to those on appeal or in bankruptcy court, sustained or incurred by me/us, my/our child or any third party in or about the School premises at 100 Mustang Lane, Blaine County, Idaho, while my child is participating in any of the School programs. I/we agree to assume all risks of activities at the School and acknowledge that I/we are aware of the risks inherent in allowing my child/children to visit the School and farm. I/we agree this waiver and release shall legally bind me/us and my/our child, and my/our heirs, trustees, personal representatives and assigns. I/We also grant the School permission to use, without compensation, photographs of the student in publications and other promotional programs. I/We are aware that we are releasing certain legal rights by this Contract that we otherwise might have.

Parent Signature: _____ Date _____

Parent Signature: _____ Date _____