

The Mountain School

Emergency Information

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:

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, 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, claims, demands, or damages accruing to me/us resulting from any known or unknown bodily 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 this waiver and release shall legally bind me/us and my/our child, and my/our heirs, trustees, personal representatives and assigns. I/we understand these programs may include any of the following activities: working w and/grooming the farm animals, nearby hiking, swimming/playing in the river, archery instruction, grooming/riding on a horse and playing on the play structure, that there are inherent risks in one or more of such activities, and that I/we knowingly and voluntarily assume any and all liability associated with such risks for my/our child and for me/us.

Please sign one of the following regarding photo use:

The Mountain School is allowed to use photos of my children on their website or in their advertising provided there are no names that accompany the photos.

Mountain School is NOT allowed to use photos of my children on their website or in their advertising.

Signature : _____