



## Medical Liability Release: *Required for enrollment*

I am a legally competent adult who is parent or guardian of the named participant. I desire that my child participate in The Watson Hall Montessori School (WHMS) programming and expressly give my permission. I understand that even when every reasonable precaution is taken, incidents and accidents may occur. Therefore, in exchange for The Watson Hall School allowing my child to participate, I voluntarily and intentionally hold harmless and release The Watson Hall School, its employees, volunteers, members, and guests from any and all liability for loss, damage, injury, or death, including any claims based on ordinary negligence, action, or inaction connected in any way with such participation. I also agree to indemnify the Watson Hall School for claims made by or for the participant or claims arising from any relationship with the participant or the participant's estate.

I have read this form and grant permission for my child, \_\_\_\_\_, to participate in all activities provided by The Watson Hall Montessori School.

*Parent's signature* \_\_\_\_\_ *date* \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child, \_\_\_\_\_, should become ill or injured during Watson Hall School activities I understand that WHMS will: 1) contact me immediately; 2) contact the person(s) I have designated in case I cannot be reached. Should The Watson Hall School be unable to reach me or the person(s) designated, the WHMS is authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child, including the administration of medications or injections provided by me for such purpose. I accept responsibility for payment of medical services rendered.

*Parent's signature* \_\_\_\_\_ *date* \_\_\_\_\_

### **MEDICAL ALERT INFORMATION** (list any allergies, medical and/or handicapping conditions)

\_\_\_\_\_  
\_\_\_\_\_

Physician name \_\_\_\_\_

Physician address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ telephone \_\_\_\_\_