



2500 Elmwood Avenue, Columbia, SC 29204

## Heart Work Academy

### After School TUTORING Program

*"The Heart of the Community with the Community in its Heart"*

PRINT ALL INFORMATION  
USE A SEPARATE FORM FOR EACH CHILD

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M ( ) F ( )

Grade: \_\_\_\_\_ School: \_\_\_\_\_

#### Custodial Parent/Guardian

\_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Person Designated to Pick Up Child

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Printed Name of Parent/Guardian

\_\_\_\_\_

#### Signature of Parent/Guardian

\_\_\_\_\_

#### Custodial Parent/Guardian

\_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Emergency Contact Other Than Parent

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Date

\_\_\_\_\_

**NO PERSONAL CHECKS ACCEPTED**

## MEDICAL RELEASE

*Effective Dates: 2013/2014 Academic School Year*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

### **Medical History**

Asthma \_\_\_\_\_ Epilepsy/Seizure \_\_\_\_\_ Sinusitis \_\_\_\_\_ Stomach Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Glasses \_\_\_\_\_

Contacts \_\_\_\_\_ Diabetes \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Asthma/Bronchitis \_\_\_\_\_ Nose Bleeds \_\_\_\_\_

### **Allergies**

Food \_\_\_\_\_ Insect Stings/Bites \_\_\_\_\_

**NOTE: Medications cannot be administered at Heart Work Academy After School Tutoring Program of Edgewood Foundation Center**

Should this child's activities be restricted for any reason? \_\_\_\_\_

### **PARENTAL INFORMATION AND CONSENT**

I grant permission for my child to participate in all activities, including field trips, during Edgewood Foundation's After School Tutoring Program during the 2013/2014 Academic School Year. My permission is hereby granted to obtain medical attention deemed necessary by Edgewood Foundation After School Tutoring Program, authorities and/or medical facility.

Parent/Guardian Signature\_\_\_\_\_

Print Name\_\_\_\_\_ Date\_\_\_\_\_

## **HEART WORK ACADEMY AFTER SCHOOL TUTORING PROGRAM**

### **Video Photo Release**

I understand during Edgewood Foundation After School Tutoring Program activities, my photograph and/or the photograph of my child may be taken by Edgewood Foundation After School Tutoring Program photographers, sponsors, and public media. I agree that my child, including video photography or other reproduction of my likeness or the likeness of my child, may be used without charge by Edgewood Foundation After School Tutoring Program.

### **Authorization to Treat a Minor**

I, the parent or legal guardian, of the child listed above, do hereby authorize and give consent to Edgewood Foundation's After School Tutoring Program to attend to minor treatment, such as, scratches, cuts, and bruises. I understand that this authorization is given in advance, the authority and power to render minor care. I understand my child will be participating in outside activities and agree to pay for my child's medical expenses in the event of a serious injury. I understand that all effort shall be made to contact me prior to rendering treatment of a serious and unforeseen injury to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the South Carolina Civil Code. This consent shall remain in effect during the 2012/2013 Academic School Year.

Parent/Legal Guardian Signature\_\_\_\_\_

Date\_\_\_\_\_

**Release from Liability**

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In consideration of the acceptance of the application of my child a participant in any programs and/or activities Edgewood Foundation After School Tutoring Program, I and my child, hereby agree to assume all risks attendant upon myself and my child while participating in any of Edgewood Foundation After School Tutoring Program and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participation in Edgewood Foundation After School Tutoring Program or activity. I agree to indemnify and hold harmless from liability Edgewood Foundation's After School Tutoring Program, its agents or volunteers/employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in Edgewood Foundation After School Tutoring Program and/or activity. This release is intended to discharge in advance Edgewood Foundation After School Tutoring Program, any and all liability arising out of or connected in any way with me or my child's participation in Edgewood Foundation After School Tutoring Program and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in Edgewood Foundation After School Tutoring Program and/or activity.

I have read, understand and approve the Authorization to Treat a Minor (with any restrictions I may have listed above), Release from Liability and the Video-Photo Release.

**Parent/Legal Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_