

**EMERGENCY CONTACTS
(Form E – 2) 2009 - 2010**

Deadline: August 1, 2009



Student Name _____ **Grade** _____

EMERGENCY CONTACTS

Sometimes children become ill at school and need to be sent home. In the event you are not able to be reached when it is necessary to send your child home for the remainder of the school day, please furnish two names of persons and their relationship to you whom you wish us to call, and who would be able to pick up your child as well as care for him/her until you are available.

Other Contact #1	Other Contact #2
Name:	Name:
Relationship:	Relationship:
Street Address:	Street Address:
City:	City:
State/Country:	State/Country:
Zip/Country Code:	Zip/Country Code:
Home Phone:	Home Phone:
Home Email:	Home Email:
Business Phone:	Business Phone:
Business Email:	Business Email:
Cell Phone:	Cell Phone:

ACTIVITY PARTICIPATION

NOTE: SECTION A MUST BE COMPLETED even if your child does not wish to participate in activities listed in Section B

A. I hereby represent to Andrews Osborne Academy that I _____ am the parent or guardian of _____ and have the responsibility for his/her support, medical, dental and hospital expenses and for his/ her education.

I take full responsibility for and am willing to have him/her ENGAGE IN THE NORMAL ACTIVITIES OF THE ACADEMY. In consideration of the acceptance by Andrews Osborne Academy of this application to participate in an Andrews Osborne Academy program, which includes the use of Andrews Osborne Academy property, I hereby release, discharge, and hold harmless Andrews Osborne Academy, its agents, employees and officers from any and all claims, demands, actions, damages, losses, judgments and executions which I ever had, now have or claim to have in the future against the academy, its agents, employees and officers for all personal injuries, known and unknown and injuries to property, real or personal, caused by or arising out of the use of such property or participation in said program, whether such injury or damage may have been caused or is alleged to have been caused, directly or indirectly, by an act of omission or commission, negligent or otherwise, of Andrews Osborne Academy, its agents, employees or officers. I hereby agree to indemnify Andrews Osborne Academy, its agents, employees and officers for all damages, liabilities, losses, judgments and executions which may have been sustained as a result of any injury to my child or ward.

_____ **Date**

_____ **Signature of Parent or Guardian**

B. The following activities may be a part of a physical education class or a school-sponsored activity or sport. Some activities have an additional charge and require a separate permission form, which will be given at the appropriate time. Activities include but are not limited to: bicycle riding, bowling, swimming, interscholastic sports, cross county skiing, sledding, rollerblading, intramural sports, horseback riding, downhill skiing.

If you do not wish to have your child participate in certain activities, please list those to which you object: