



STUDENT EMERGENCY INFORMATION

De Nederlandse School in Bethesda

nederlandseschoolbethesda@hotmail.com www.nederlandseschoolbethesda.org

Student name :		Date of Birth:	Gender: O male O female	Group/Teacher:
Sibling(s) attending the school:				
Home phone:	Custody concerns: O yes O no	Languages spoken at home:		
Home address:				
Name of responsible adult:		Name of responsible adult		
Work phone:	Cell phone:	Work phone:	Cell phone:	
E-mail:		E-mail:		
Relationship to student: O Mother O Father O Guardian O Other		Relationship to student: O Mother O Father O Guardian O Other		
If parent can not be reached, person to be contacted in case of emergency:				
Name emergency contact:				
Home phone:		Cell phone:		
Relationship to student:				
Name emergency contact:				
Home phone:		Cell phone: <input type="checkbox"/>		
Relationship to student:				
School officials will administer first aid and/or take your child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent (guardian) can be contacted. The rescue squad will be used as deemed necessary in emergency situations.				
Physician's name:		Physician's phone:		
Dentist's name:		Dentist's phone		
Hospital preference:				
Allergies: O moderate O severe Epi pen available? O yes O no If yes, where:				
Currently prescribed medications (optional):				
Other concerns (physical/psychological):				
Health insurance: O yes O no		If yes, name insurance company:		policy number:
Liability insurance: O yes O no If yes, name insurance company:				
Printed parent name:	Signature of parent/guardian:		Date:	

MINORS - WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I, _____ (parent/guardian), am the parent or guardian of a child (or children) who take Dutch language lessons and cultural activities at the Bethesda Dutch After School Program, Inc.

I am fully aware that my child’s (or children’s) participation in this Program is totally voluntary. In consideration of the Bethesda Dutch After School Program, Inc. I agree to permit my son(s)/daughter(s) to participate in the aforementioned lessons/activities, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my minor child (or children) and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the Bethesda Dutch After School Program, Inc. and their teachers and teacher aides, students, parent volunteers, agents, board members, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries, including death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and attorneys fees, which arise out of, during or in connection with my child’s (or children’s) participation in the aforementioned lessons and activities, including but not limited to any damages, losses, or injuries to persons or property or both, which may be sustained or suffered by my child or any person in connection with my child’s (or children’s) association with, or participation in, activities at, sponsored by, or arising out of the schools activities and meetings.

2) I agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the state of Maryland and/or Montgomery County, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.

3) I hereby consent to any publicity, including the use of my child’s name and likeness in connection with my child’s participation in the schools lessons and activities.

4) In signing this Waiver, Release and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provision, that I understand it affects my legal rights and those of my child (or children), that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

_____ Dated: _____

Parent or Guardian Signature

Parent or Guardian Name (Print)

Child’s Name (Print)