

Parental Consent Form

Group attending Clearpool (school/organization name) _____ Grade _____

I would like my child _____, to attend the program at Green Chimneys Clearpool Campus (CLEARPOOL) in Carmel, NY on the following dates: _____.

If they believe that it would benefit my child, I want CLEARPOOL to provide my child with emergency and or ongoing medical care. I understand that in the event of an emergency, I will be contacted. If CLEARPOOL feels it is necessary, please have medical personnel selected by CLEARPOOL's Director or those persons that s/he designates, hospitalize and/or provide other treatment, including emergency care, diagnostic tests or X-Rays, for my child. I also give my permission for CLEARPOOL to use my Medical Care Policy/Health Insurance in order to get reimbursed for medical services provided to my child. If CLEARPOOL cannot obtain reimbursement, I agree to be responsible for the cost of these medical services.

I would like CLEARPOOL's administration and staff to use their best judgment and act for me in response to my child's behavior. I do not feel that my child should be allowed to disrupt the activities of CLEARPOOL's programs and will rely on the staff's judgment regarding discipline. I agree that if my child's behavior is disrupting to the other children, the CLEARPOOL staff may have to send my child home. I am also aware that the CLEARPOOL staff reserve the right to protect the safety of program participants by searching luggage.

The administration of CLEARPOOL will provide me with suggestions about the types of clothing and other personal items that are appropriate for the day or residential program. I understand that CLEARPOOL is not responsible for lost, damaged or stolen clothing or other property sent with my child.

Signature of Parent/Guardian

Date Signed

Photo Consent

I/We, the undersigned parents or guardians of a minor, give permission to Green Chimneys to photograph my child during their participation in a program at Clearpool for the purpose of publicly disseminated materials for public relations and charitable purposes such as external newsletters, brochures, website, videos, and other informational and/or news publications. I/We release Green Chimneys and its entities from all claims for libel, slander, and invasion of the right of privacy or any other claims which may arise as a result of the publication, exhibition, display, or other use of any photograph for any of the purposes referred to above. This authorization shall be effective until revoked, in writing, and received in-hand by Green Chimneys.

Signature of Parent/Guardian

Date Signed

Hospital Consent

I/We, the undersigned parents or guardians of a minor, do hereby authorize Green Chimneys as our agents to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and surgeon at Putnam Hospital Center, 666 Stoneleigh Avenue, Carmel, NY 10512.

It is understood that this authorization is given in advance of any specific need for treatment by and is given to provide authority on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his/her best judgment may deem advisable.

Signature of Parent/Guardian

Date Signed