

MEDICAL RELEASE / CONSENT FOR TREATMENT / HOLD HARMLESS INFORMATION

In case of emergency in which the school needs to contact a parent or legal guardian of the child, St. Paul Westlake Summer Program staff will attempt to contact the emergency contact(s) in the order listed on registration and emergency authorization documents through the information provided.

In the event an emergency contact is unavailable to be reached, I grant the St. Paul Westlake Summer Program staff, volunteers, or administrators to arrange for appropriate medical care for my student including, but not limited to, emergency medical transportation. I give permission for the transfer of my child to a hospital without prior notification if, as determined by St. Paul Westlake Summer program staff, it is necessary for the overall safety, well-being and/or health of my child to make such a determination before parental contact is made. I give my consent for any treatment deemed necessary by the above listed physician or dentist or by another licensed physician or dentist in the event the preferred practitioner is not available. I further consent to the authorization of major surgery if, in the professional, concurring opinions of two licensed physicians or dentists, such surgery is medically necessary.

I will not hold the school, or any member of the school community, financially responsible for any fees or charges arising from emergency care or transportation of said child.

I agree to release, hold harmless, and indemnify St. Paul Westlake School, its agents, representatives and employees from all claims, damages, or other liabilities for injuries or illnesses to my child which are not the result of gross negligence or willful misconduct by the school, or its agents, representatives, or employees acting within the scope of their employment. I acknowledge that this release, hold harmless, and indemnity provision bars any claim for ordinary negligence by the school or its employees acting within the scope of their employment.

Print Name of Parent / Legal Guardian: _____

Signature of Parent / Legal Guardian: _____ Date: ____/____/____