

The Owl's Nest Transportation/Activity Consent Form

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Facility: The Owl's Nest

As parent or legal guardian of the above student, I give my consent and approval for my child ( \_\_\_\_\_ ) be transported to and from The Owl's Nest for the 2024 calendar year. I understand transportation will be provided by The Owl's Nest.

IN CASE OF EMERGENCY NOTIFY:

1. \_\_\_\_\_ 2. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

OUR FAMILY PHYSICIAN IS: \_\_\_\_\_ PHONE: \_\_\_\_\_

I further agree to release and hold harmless The Owl's Nest and its employees from liability for any accident, injury, illness, or death, sustained by the above student in connection with or while participating in the Owl's Nest activities, i.e. field trips, swimming pool, parks, etc.

In the event of any illness or injury, I hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed dentist, physician, and/or surgeon as deemed necessary for the student(s) safety and welfare. It is understood that the resulting expenses will be the responsibility of the parent/guardian and not The Owl's Nest if transported in a school owned vehicle.

Print Parent/Guardian Name: \_\_\_\_\_

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

Phone: (C) \_\_\_\_\_ Phone: (W) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_