

Student Name _____ Date of Birth _____

PERMISSION FOR MEDICAL TREATMENT

In the event that Glenwood Country Day School is unable to reach my child's parent/guardian or emergency contact, I authorize a Glenwood Country Day School representative to seek and secure any emergency medical or surgical care for my child.

I agree to be personally responsible for the payment of such medical expenses incurred. I authorize any charges to be billed to my insurance company. I further authorize the facility at which surgical or medical care is rendered to release all necessary information to my insurance company for purpose of reimbursement.

Subscriber _____ Relationship to Child _____

Medical Insurance Name _____ Policy/Group Number _____

Parent/Guardian Signature _____ Date _____

PERMISSION TO TRANSPORT

I authorize Glenwood Country Day School to transport my child to Glenwood Academy if Howard County issues an emergency evacuation in our area. My child will be transported in a Glenwood Academy bus/van/car. Parents will be notified!

_____ Yes _____ No

Parent Guardian Signature _____ Date _____

PUBLICITY RELEASE

I authorize Glenwood Country Day School to take photographs and/or videos of my child for use in publicity and fundraising material.

I understand that my child will not be identified by name in any publication material that Glenwood Country Day School. uses for publicity and/or fundraising purposes.

_____ Yes _____ No

Parent/Guardian Signature _____ Date _____