

Extended Care Program Participation Agreement

Parent/Guardian Form

Student and Parent Information

Student Name	_____
Grade	_____
Parent/Guardian Name	_____
School Year	_____

Parent Acknowledgment

I understand that the Extended Care Program is operated by Evergreen Christian School and staffed by employees of Evergreen Christian School. I understand that my child is participating in the program, which provides care before and/or after normal school hours. I acknowledge that participation in school activities, indoor and outdoor play, recreational activities, and interaction with other students involves ordinary risks of injury that cannot be completely eliminated.

Emergency Medical Authorization

In the event of an illness or injury, I authorize Evergreen Christian School staff to obtain emergency medical treatment for my child if I cannot be reached. I understand that I am responsible for any resulting medical expenses.

Emergency Contacts

Primary Emergency Contact	Name: _____ Phone: _____
Relationship to Student	_____
Secondary Emergency Contact	Name: _____ Phone: _____
Relationship to Student	_____
Physician / Clinic	Name: _____ Phone: _____
Medical Conditions / Allergies	_____ _____

Parent Responsibilities

- Provide current emergency contact information.
- Notify the school of any medical conditions, allergies, medications, or special needs.
- Ensure my child is picked up only by individuals authorized by me.
- Notify the school promptly of any changes to authorized pickup persons.
- Follow all Extended Care Program policies and procedures.

Student Release Authorization

The following individuals are authorized to pick up my child from the Extended Care Program. I understand that identification may be required before a child is released to an authorized individual.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Assumption of Risk and Release

I voluntarily allow my child to participate in the Extended Care Program and assume the ordinary risks associated with participation in program activities.

To the fullest extent permitted by law, I release and hold harmless Evergreen Christian School, its employees, volunteers, directors, and representatives from claims arising out of ordinary negligence related to my child's participation in the program. This release does not apply to gross negligence, willful misconduct, or liabilities that cannot legally be waived.

Acknowledgment and Signature

I have read and understand this Participation Agreement and voluntarily agree to its terms.

Parent/Guardian Signature	_____
Date	_____
Printed Name	_____
Best Phone Number	_____