CONSENT AND RELEASE FOR MEDICAL TREATMENT DURING ACTIVITIES

Child's Full Name	
Parent or Legal Guardian's Names	
Home Phone	Cell Phone
Physician's Name	Physician's Phone
Emergency Contact Name	Emergency Contact Phone
Current Medications and Dosage Amounts:	

1. In the event that my child, as named above, becomes ill or is injured while under the supervision of the Bridgeway Services, LLC (Bridgeway), I authorize Bridgeway authorized representatives to do the following:
   a. Contact the parent or legal guardian of the child and follow his or her directions;
   b. In the case of emergency, when neither parent or legal guardian can be reached immediately, Bridgeway representatives are authorized to use best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical care;
   c. By this consent, I appoint the proper Bridgeway representative for the purposes herein stated.
2. I give consent for my child to participate in all activities within Bridgeway programs, unless otherwise written.
3. I am attaching special instructions, in regard to my child's allergies, medications, and specific needs with this form.
4. In consideration of Bridgeway making this program available and for the other benefits received through the program being offered, I do hereby release and discharge Bridgeway, it's agenda and agree to indemnify, defend and hold harmless staff, from any and all liability of any kind or nature, claim, demand, or cause of action which might be asserted.
5. I understand that this is a release of liability and with that knowledge, I voluntarily sign it on this date, _____ (month, day, year).

_____   _____
Signature Parent or Legal Guardian   Signature of Participant (if 19 or older)

ALLERGY

Student Name (Print): _____

Foods to Avoid:

1. _____

2. _____

3. _____

4. _____

5. _____

Medications to Avoid:

1. _____

2. _____

3. _____

4. _____

5. _____

Other Known Allergies to Avoid (i.e. dogs, dust, food coloring):

1. _____

2. _____

3. _____

4. _____

5. _____

By signing, I am verifying all the above information is accurate to the best of my knowledge.

_____
Signature   Date