



Please turn in this completed form on the first day at the check-in area.

Program Location _____

Child's Name _____

Date of Birth _____

City and State of School _____

Grade Level Next Fall _____

Parent/Guardian Name _____

Street Address _____

City, State, and Zip Code _____

Parent/Guardian Phone #1 _____

Name _____

Hm/Wk/Cell _____

Parent/Guardian Phone #2 _____

Name _____

Hm/Wk/Cell _____

Parent/Guardian Phone #3 _____

Name _____

Hm/Wk/Cell _____

Program Rules

1. I will only leave the program with an adult that I know.
2. I will respect fellow children and teachers.
3. I will participate in all of the activities to the best of my ability.
4. I will act in a safe and responsible manner.
5. I will have fun!

I have read the Club Invention rules, and I will abide by these rules. I understand that the Club Invention staff has the right to remove any person from the program that does not abide by these rules. If I am asked to leave, I understand that my tuition is nonrefundable.

Child Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Alternate Contacts/Transportation Arrangements

I authorize the following individual(s) to pick up my child from the program.

Name/Relationship _____

Phone Number _____

#1 contact if I cannot be reached in case of an emergency.

Name/Relationship _____

Phone Number _____

#2 contact if I cannot be reached in case of an emergency.

My child may walk home bike home from the program. *If not checked, my child may only leave the program with myself or an authorized person.*

Photography Release

I authorize the Club Invention program to obtain, store, and/or use (without payment) any photographs, slides, and/or videotapes of my child for public relations, marketing/advertising, and/or internal training purposes.

Parent/Guardian Signature _____

Date _____

Emergency Medical Consent

In the event that reasonable attempts to contact me and the two alternate individuals that I have designated at the phone numbers that I have provided on this form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician, dentist, and/or hospital, as applicable, listed below:

Preferred Physician _____

Phone Number _____

Preferred Dentist _____

Phone Number _____

Preferred Hospital _____

Phone Number _____

In the event that the designated preferred physician, dentist, and/or hospital, as applicable, is not available, I hereby give my consent for the administration of any treatment deemed necessary by another licensed physician or dentist at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists (as applicable), concurring in the necessity for such surgery, are obtained before surgery is performed.

Liability Waiver *(Must be signed in order for child to participate in the program.)*

I am the parent/legal guardian of _____ ("Child"). On behalf of myself and Child, and our respective heirs, we acknowledge and agree that there is a risk of serious injury and/or loss associated with Child's participation in the Club Invention program (the "Program"). As a condition of Child's participation, we assume that risk and forever waive and agree to hold Invent Now Kids, Inc., and its shareholders, directors, officers, employees, and agents harmless from any and all claims, liabilities, and/or damages arising out of Child's participation in the Program. I understand that Child will not be permitted to participate in the Program without signing this Agreement.

Parent/Guardian Signature Date

Emergency Medical Information

Child's Name

Allergies (food, medication, etc.): _____

Activity restrictions or precautions: _____

List any medication child is currently taking: _____

My child has an epi-pen to be administered in case of severe allergic reactions. *(Epi-pen forms have been completed by parents and the physician, and the director has been trained in the use of the epi-pen. To obtain epi-pen forms, contact Club Invention at 800-968-4332.)*

My child is carrying an inhaler and is authorized to self-administer as needed. *(Physician's order has been completed at the bottom of the form.)*

List any special needs or important information about your child's medical history/behavior: _____

Is there anything specific we can do to help make your child's experience more successful? _____

I confirm that the information provided above is accurate and complete.

Parent/Guardian Signature Date

Emergency Medical Refusal *(Do not complete if consent was given above.)*

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Parent/Guardian Signature Date

Physician's Order for Prescribed Oral Medication

*All medication must be delivered by – in the original container in which it was dispensed – and administered by a pre-authorized individual designated by the parent/guardian. **No member of the Club Invention program is permitted to administer medication.***

I have arranged, and hereby authorize, the administration of prescribed medication for my child to be handled as follows:

Name of Medication

Dosage

Name of Authorized Individual to Administer Medication

Date(s) and Time(s) of Administration (by aforementioned individual)

Name of Issuing Physician

Issuing Physician Emergency Phone Number

Significant side effects (adverse reactions) that should be reported to the physician: _____

Special instructions for use of drug, including storage: _____

Issuing Physician Signature Date

Parent/Guardian Signature Date