



Please complete a separate form for each child participating in LaAmistad's programs:

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Email(if applicable) \_\_\_\_\_

Father's Full Name and Phone \_\_\_\_\_

Mother's Full Name and Phone \_\_\_\_\_

### Child Health History

Please complete the following brief health history. This information is necessary so we can be aware of your child's health needs. First aid treatment will be given accordingly.

Circle "Yes" or "No"

**Any allergies to food?** Yes No

**Any allergies to medication?** Yes No

**Any allergies to (insect bites, etc.)?** Yes No

List Allergies \_\_\_\_\_

**Any vision/hearing problems?** Yes No

**Wears glasses/contacts?** Yes No

**Uses hearing device?** Yes No

**Any chronic conditions such as asthma, diabetes, heart conditions or seizures?** Yes No

List here: \_\_\_\_\_

**Any history of serious injury or surgery?** Yes No

**Any emotional/psychological problems?** Yes No

**Any medication being taken at the present time?** Yes No

List here: \_\_\_\_\_

**Any physical disabilities or limitations?** Yes No

List here: \_\_\_\_\_

Please explain if any of the health questions are marked "Yes."

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By my signature below, I certify that the above information is correct about my child. I also give permission for LaAmistad to share pertinent health/medical information with appropriate staff on a need to know basis and to keep my child safe. I understand that this information will also be shared with hospital or emergency personnel if needed.

### **Medical service agreement in case of emergency**

In the event of an emergency involving my child, by my signature below, I authorize LaAmistad to obtain emergency medical treatment for my child. I do hereby request, authorize and consent to such care and treatment as may be given to my child by any physician, trainer, nurse, hospital, or LaAmistad representative, and I do hereby agree to indemnify and save harmless LaAmistad and any of its representatives from any claim by any person whomsoever on account of such care and treatment of my child. I understand that in the event medical intervention is needed, every attempt will be made to contact the parent(s) or guardian(s) listed above immediately.

### **Field Trips and Transportation**

By my signature below, I hereby GRANT permission for my child to participate in off-campus activities with LaAmistad, including trips, field studies, and other opportunities that may hereafter arise. I understand that specific notification will be provided about each offsite activity by LaAmistad beforehand. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control LaAmistad. In exchange for permitting my child to participate in these activities, I waive, release and discharge, and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against LaAmistad for and from any and all liability or responsibility from death, illness, personal injury, or property damage arising from the offsite activity and any transportation involved with the offsite activity.

### **Photo/Image Release**

By my signature below, I hereby GRANT permission for my child's photo/image or video recording to be published by LaAmistad in any media of any kind and nature, now known or developed in the future, for any purpose, in any manner, without further notification, authorization or compensation for me or my child. I understand that LaAmistad may use such photo/image at its sole discretion and that I do not have any right to inspect or approve the use of the photo/image or video recording in any media. LaAmistad may transfer any or all of the rights granted by this Photo/Image Release. I further waive, assign and release to LaAmistad all rights associated with my child's photo/image and video recording. I waive, release and discharge, and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against LaAmistad in connection with the photo/image or video recording or with LaAmistad's use of the photo/image or video recording in any media.



## Release and Waiver

In consideration of my child being permitted to enroll and participate in LaAmistad's programs and activities, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby knowingly, intentionally, purposively, freely, voluntarily, and without duress execute this Release under the terms below:

For myself and on behalf of my child (and our successors, heirs, and assigns), I hereby FOREVER release, discharge, indemnify, hold harmless, defend, exonerate, and covenant not to sue the LaAmistad, its members, officers, directors, staff, volunteers, agents, successors, and assigns from, against, or with respect to any and all liability, claims, or demands of any kind or nature whatsoever, whether at law, in equity, or otherwise, which arise or may hereafter arise directly or indirectly from my child's participation.

I SPECIFICALLY UNDERSTAND AND AGREE that this Release FOREVER DISCHARGES LaAmistad, its members, officers, directors, staff, volunteers, agents, successors, and assigns from any and all liability or claim that I or my child (and our successors, heirs, and assigns) may have against the LaAmistad, its members, officers, directors, staff, volunteers, agents, successors, and assigns, with respect to any bodily injury, personal injury, illness, death, or property damage or loss that may result, directly or indirectly, from the Activities, whether caused by the negligence of the Organization, its members, employees, volunteers or agents, or otherwise, and in all cases to the fullest extent permitted by applicable law.

I also understand that the Organization does not and shall not assume any responsibility for or obligation to provide financial assistance or other assistance to the Participant, including, but not limited to, medical, health, or disability insurance in the event of injury, illness, or other claim or loss.

### Parental Acknowledgment

By my signature below, I also acknowledge that:

1. I have been informed this program is free of any charge; and
2. I have been advised and understand this program is not licensed.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Your assistance and participation is critical to the success of the Estrellitas programs. We ask that you attend unless you have an appointment with your doctor, dentist or another type of compromise that has been communicated previously; or due to an emergency, which will have to be reported to LaAmistad staff as soon as possible.

Please return this form by mail or in person to LaAmistad, Inc. 3434 Roswell Road Atlanta GA 30305, by email: [info@laamistadinc.org](mailto:info@laamistadinc.org). Thank you!