

## MEDICAL INFORMATION

Primary Doctor \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Dentist \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child currently have medical insurance? \_\_ Yes \_\_ No If yes, please state the Insurance carrier & number: \_\_\_\_\_

Please list any health concerns for your child: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Does your child have asthma? \_\_\_\_\_ Is medication required at school? \_\_\_\_\_

Does your child have an Epi-Pen? \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO RELEASE

Stepping Stones School at River Life requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your child has participated in his/her education program. Your authorization will enable us to use specially prepared materials to promote our school through the use of mass media, displays, brochures, websites, etc.

1. I, the parent of \_\_\_\_\_ (child's name), fully authorize and grant Stepping Stones School at River Life and its authorized representatives, the right to print, photograph, record, and edit as desired the above named child on audio, video, file, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
2. I understand and agree that the use of such Recordings will be without any compensation to the child or the child's parent or guardian.
3. I understand and agree that Stepping Stones School at River Life and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
4. I hereby release and hold harmless Stepping Stones School at River Life and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the child and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

\_\_\_\_\_  
My signature shows that I have read and understand the release, and I agree to accept its provisions.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Granting permission is voluntary**