



## WFS FACILITY AND MEDICAL AGREEMENT

### STUDENT INFORMATION

Full Name:

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Date of Birth:

Home Telephone No.:

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Home Address:

City State Zip:

Code:

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Date of Admission:

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Date of Withdrawal:

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### PARENT CONTACT INFORMATION

Mother's Full Name:

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Driver's License:

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Email Address:

Mobile number:

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Father's Full Name:

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Driver's License:

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Email Address:

Mobile number:

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### EMERGENCY CONTACT INFORMATION

Please provide an emergency contact in case the student's parents or guardians cannot be reached:

Name:

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Phone number:

Mobile number:

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Address:

Relationship:

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I authorize WOODLANDS FOREST SCHOOL to allow my child to leave the school ONLY with the following people.

Please list the name, driver's license number & mobile number of each authorized person. Children will only be released to a parent or a person designated by the parent/guardian below after ID verification.

**Authorized Person 1**

Name:

Driver's license:	Mobile number:
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**Authorized Person 2**

Name:

Driver's license:	Mobile number:
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**Authorized Person 3**

Name:

Driver's license:	Mobile number:
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**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

I hereby grant The Woodlands Forest School permission to take whatever action is necessary to supply emergency medical services to my child.

I understand that, consistent with the situation's circumstances and available time, The Woodlands Forest School will make its best efforts to contact me.

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I hereby authorize Woodlands Fores School to transport and to obtain treatment from:

Name of Physician:

Phone Address:	Hospital Ambulance: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of Last Well Check:

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**Insurance Company Insurance Company**

Phone Number:	Group Number:
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Policy Number:

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**Insured Parent's Name Parent's Employer**

I hereby agree that I will be solely responsible for and will promptly pay any expenses that may be incurred by Woodlands Forest School in making emergency medical treatment available to the above-named student.

Signature of parent

Date

**GENERAL ACKNOWLEDGMENTS & AUTHORIZATIONS**

I hereby grant Woodlands Forest School permission for my child to take part in the following activities:

Water activities  Yes  No

Forest School Activities  Yes  No

Outdoor Forest playgrounds  Yes  No

Mud Kitchen Playground  Yes  No

Treehouse Playground  Yes  No

Tinkering Workshop  Yes  No

Delimited Forest Walks (only inside the school premises)  Yes  No

Physical Education Activities and Games  Yes  No

Release my name, email address, and phone number to be included in the Parent Share List.  Yes  No

Release of address, phone number, and e-mail for teacher purposes only.  Yes  No

Have my child photographed or videotaped in school activities for classroom viewing, parent events, and school publications such as the monthly newsletter or yearbook.  Yes  No

**WFS does not post photos of the children on its website or social media without parental consent.**



## ACKNOWLEDGMENT OF SCHOOL ENVIRONMENT AND FACILITIES CLAUSE AGREEMENT

By signing this agreement, we, as parents or legal guardians of \_\_\_\_\_

acknowledge that WOODLANDS FOREST SCHOOL offers an enriching and safe environment that includes various facilities and natural landscapes, such as a forest, natural playgrounds, a tree house, mud kitchens, beehives, chicken coops, bat houses, pond, flora and fauna according to the environment, outdoor and forest implied activities, on its premises. We value this opportunity for our children's learning and outdoor enjoyment. We understand that the school takes all necessary measures to ensure the safety of all students and staff during its activities. We accept and commit to discussing with our children the importance of adhering to the school's safety rules, especially in all areas and activities, for their well-being and that of their peers. I/ we assume all the risks and hazards incidental to the conduct of the activities, and I/we further release, absolve, indemnify, and hold harmless Woodlands Tree House Preschool LLC and all of its employees. In case of injury to my child, I hereby waive all claims against Woodlands Forest School and any of its employees. We appreciate Woodlands Forest School for fostering a safe and stimulating learning environment and informing us about its facilities' unique features. We pledge to collaborate with the school and support educating our children about personal safety and respect for the natural environment.

Signature of parent

Date

### MEDICATION

The Woodlands Forest School staff will administer medicine to its Students upon written authorization by the parent or guardian. Completing the "Authorization to Administer Medicine" form from the front desk provides such written authorization.

The "Authorization to Administer Medicine" form and medication shall be in the student's official file.

Texas State Law requires that all medicines must:

- Be in its original container;
- Be labeled with the full pharmacy label (if prescription medicine);
- Be in such condition that the name of the medication and the directions for use are readable on the container (if non-prescription medicine);
- Have the child's first and last name clearly appear on the container;
- Include directions to administer the medication; and
- Be administered to the child with written parental permission and as stated on the label directions or as amended by written notice of a physician.

### MEDICAL HISTORY

Indicate by checking the appropriate box if you or any of your relatives have had or have the medical conditions listed below:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Seasonal Allergies   | <input type="checkbox"/> Frequent Headache | <input type="checkbox"/> Recent Hospitalization | <input type="checkbox"/> Fainting           |
| <input type="checkbox"/> Concussion           | <input type="checkbox"/> Hepatitis         | <input type="checkbox"/> Epilepsy / Convulsions | <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Food Allergies    | <input type="checkbox"/> Learning Disability    | <input type="checkbox"/> Heart Murmur       |



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- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allergic to bee stings | <input type="checkbox"/> Chicken Pox             | <input type="checkbox"/> Measles            |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Prescriptions Regularly | <input type="checkbox"/> Broken Bones       |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Taken                   | <input type="checkbox"/> Visual Impairments |
| <input type="checkbox"/> Hearing Impairments    | <input type="checkbox"/> Counseling or Testing   | <input type="checkbox"/> Drug Allergies     |

List any other languages spoken fluently by the student:

	_____		_____
	_____		_____
	_____		_____

Health problems, impediments, or other special needs:

	_____		_____
	_____		_____
	_____		_____

Please list and explain any dietary, medical, or medication supplements or restrictions that may cause adverse reactions to or restrict any normal activities in which your child may engage at

The Woodlands Forest School.

List any special needs that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which the caregiver should be aware:



## AGREEMENT

I/we understand that my child will not be released from the school to anyone except those designated. Any change or additions must be given in writing to the director or representatives in the School Office.

I/we hereby give approval for my child's participation in any and all of the activities during the school year. I understand that every precaution will be taken to ensure the safety and well-being of my child. I/ we do assume all the risks and hazards incidental to the conduct of the activities, and I/we do further hereby release, absolve, indemnify, and hold harmless Woodlands Forest School LLC or and all of its employees. In case of injury to my child, I hereby waive all claims against Woodlands Forest School and/or any of its employees. (Both parents must sign below)

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**Mother or Guardian**

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**Date**

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**Father or Guardian**

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**Date**