



WFS FACILITY AND MEDICAL AGREEMENT

STUDENT INFORMATION

Full Name:

Date of Birth:

Home Telephone No.:

Home Address:

City State Zip:

Code:

Date of Admission:

Date of Withdrawal:

PARENT CONTACT INFORMATION

Mother's Full Name:

Driver's License:

Email Address:

Mobile number:

Father's Full Name:

Driver's License:

Email Address:

Mobile number:

EMERGENCY CONTACT INFORMATION

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

Name:

Phone number:

Mobile number:

Address:

Relationship:



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:

Insurance Company Insurance Company

Phone Number:	Group Number:
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Policy Number:



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

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 Forest School 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

- | | | |
|-------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Fainting | <input type="checkbox"/> Prescriptions Regularly |
| <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Taken: |
| <input type="checkbox"/> Frequent Headache | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Counseling or Testing |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Allergic to bee stings | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Recent Hospitalization | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Visual Impairments |
| <input type="checkbox"/> Epilepsy / Convulsions | <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Drug Allergies |

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)

Mother or Guardian

Date

Father or Guardian

Date

LIABILITY WAIVER

- I, the undersigned parent/legal guardian of the above-named student, acknowledge that participation in outdoor learning activities, including but not limited to hiking, climbing, gardening, tool use, interaction with animals, and exposure to varying weather conditions, involves a degree of risk.
- I hereby release and hold harmless Woodlands Forest School, its officers, teachers, staff, volunteers, and representatives from any and all liability, claims, demands, damages, or causes of action, known or unknown, arising from or related to any injury, illness, accident, or loss sustained by my child while participating in any school activities, on or off school property.

MEDICAL RELEASE

- In the event of an emergency, I authorize Woodlands Forest School staff to obtain emergency medical care for my child and to administer basic first aid if necessary. I understand that every reasonable effort will be made to contact me before such care is provided.

PHOTO/MEDIA RELEASE

- I am allowing Woodlands Forest School to use photos of my child for the school's website/social media.
- I am NOT allowing Woodlands Forest School to use photos of my child for the school's website/Social media.



HEALTH INSURANCE DECLARATION
(Please check one)

YES, my child is covered by health insurance.

Insurance Provider:

Policy Number:

Emergency Contact (if different from parent):

Phone Number:

NO, my child does not currently have health insurance coverage.

I understand that I am financially responsible for any medical treatment my child may require as a result of participation in school activities

Mother or Guardian

Date

Father or Guardian

Date