

Parental Authorization & Release

REQUIRED FOR ALL NON-HOCKADAY STUDENTS. This form must be signed and returned with the Registration Form. All Non-Hockaday students must return this form with the Registration Form.

Students will not be admitted to class and their place in the class will be forfeited if this form is not on file in the Summer Session office by the first day of class. In such a case there will be no refund of tuition.

.....
Student's Name _____

Parent's Name _____

Address _____

City, State, Zip _____

Home Phone _____ Father's Work _____ Father's Cell Phone _____

Mother's Work _____ Mother's Cell Phone _____
.....

Attach a photocopy of both sides of the insurance card that provides coverage for the above named student.

Name of Insured _____ Insured's Employer _____

Student's Physician _____ Physician Phone _____

Physician's Address _____

Allergies (including food allergies) or special medical needs _____

Has student ever consulted with a professional for emotional counseling? Yes No

If yes, briefly describe the nature of the situation: _____

Will student be taking prescribed medication during school hours? Yes No

If yes, please describe: _____

.....
I. AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT. In the event of a medical or dental emergency, on or off campus, I hereby authorize The Hockaday School, its officers, agents, and employees to consent to: (1) the administration to my student of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the student to any hospital reasonably accessible. I understand that this authorization is intended to empower The Hockaday School, its officers, agents, and employees to give specific consent to any diagnosis, treatment, or hospital care which, in the judgment of a licensed physician or dentist, is deemed advisable. I understand that The Hockaday School is not financially responsible for the expense of medical treatment, emergency care, or transportation, and I agree to pay for all medical treatments, procedures, care, and transportation individually, or through my medical insurance program.

II. AUTHORIZATION TO PARTICIPATE IN SPORTS. I hereby give my consent for the above-named student to participate in sports and athletics approved by The Hockaday School.

III. AUTHORIZATION TO PARTICIPATE IN FIELD TRIPS. I hereby give my consent for the above-named student to attend any field trips associated with course(s) and/or boarding events in which she is enrolled at The Hockaday School.

Form Must Be Completed on the Reverse Side Also





IV. AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL. I hereby give my consent for the above-named student to be administered the following non-prescription medication(s) by the school nurse or, if the nurse is unavailable, any designated school representative, whether my student is on campus or off campus:

- | | | | |
|-------------------------------|--|--------------------------------|--|
| Acetaminophen (Tylenol) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diphenhydramine HCl (Benadryl) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cepacol Lozenges | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen (Advil) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pseudoephedrine HCl (Sudafed) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

EMERGENCY CONTACT NAME AND PHONE NUMBERS: _____

I understand that if I wish for any other medication or procedure to be administered to my child, or for dosages of the above medications in amounts which exceed the recommended dosages for age and/or weight, I must complete a Parent Consent and Instructions for Administration of Medication Form for each additional medication or procedure.

V. RELEASE AND INDEMNITY AGREEMENT. In consideration of the above named student being enrolled and, I HEREBY AGREE TO WAIVE AND RELEASE THE HOCKADAY SCHOOL, its Trustees, Headmistress, Administrators, Heads of Schools, Faculty, school nurses, agents, employees, volunteers and invitees, together with all persons, including parents of students of The Hockaday School assisting with any phase of such school attendance, medication administration, field trips, activities, sports, and athletics (collectively referred to as "Releases") (but not third-party vendors and service providers, such as paid certificated carriers), FROM ANY AND ALL CLAIMS, SUITS, LOSSES, DAMAGES, CAUSES OF ACTION OR OTHER LIABILITIES by reason of any accident or injury suffered by the above named student, which may arise in connection with school, school trips, school activities, and any of the authorizations described above, WHETHER OR NOT CAUSED BY OR ALLEGED TO BE CAUSED BY THE NEGLIGENCE OF THE HOCKADAY SCHOOL OR ANY RELEASEE. Further, I HEREBY ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES from any and all claims, suits, losses, damages, causes of action or other liabilities, including but not limited to all damages and all expenses of litigation and/or settlement/release, by reason of any accident or injury suffered by the above named student while at school, on school trips or participating in school activities or athletics in connection with any of the authorizations described above, INCLUDING ANY ACCIDENT OR INJURY CAUSED BY THE NEGLIGENCE OF THE HOCKADAY SCHOOL OR ITS RELEASEES.

Signature of Parent or Guardian _____

Relationship to Student _____

**ATTACH A PHOTOCOPY OF BOTH SIDES OF PARENT'S OR GUARDIAN'S INSURANCE CARD.
RETURN WITH THE REGISTRATION FORM.**

PLEASE MAIL OR FAX THE REGISTRATION AND PARENT AUTHORIZATION AND RELEASE FORMS TO:

Hockaday Coed Summer Session
11600 Welch Road
Dallas, Texas 75229
Fax 214.739.8867