

VILLAGE CHARTER SCHOOL SUMMER CARE PROGRAM 2025

PERMISSION / EMERGENCY FORM

I give permission for my child, _____,
Student Name

to attend the Village Charter School Summer Program and to participate in all activities and field trips planned during his/her sessions.

AUTHORIZATION TO TREAT A MINOR: In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make arrangements as he/she consider necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and authorize such care and treatment to be performed by any licensed physician or surgeon.

Name of Parent/Guardian: _____ Cell: _____

Address: _____ Work: _____

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY CONTACTS - PROVIDE THREE (3) or MORE

MOTHER: Name _____ Cell _____
Address _____ Work _____

FATHER: Name _____ Cell _____
Address _____ Work _____

OTHER RELATIONSHIP Name _____ Cell _____
Address _____ Work _____

OTHER RELATIONSHIP Name _____ Cell _____
Address _____ Work _____

MEDICAL CONTACTS

PHYSICIAN: Name _____ Phone _____
Address _____

DENTIST: Name _____ Phone _____
Address _____