



Wah'shā Academy  
CREATED BUTTE COLORADO

## SUMMER 2021: WAH'-SHĀ ACADEMY Emergency & Medical Forms

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### Emergency Contacts & Authorized Pickup Persons:

**1<sup>st</sup> Contact/Pick Up** Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

### MEDICAL

Ambulance Service preference:

\_\_\_\_\_

Telephone: \_\_\_\_\_

**(Parents are responsible for all emergency transportation charges)**

### CHILD'S HEALTH INSURANCE:

Insurance Plan: \_\_\_\_\_

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ID # \_\_\_\_\_ Subscriber's Name (on insurance card):

### SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL

**EMERGENCY INFORMATION (List all communicable diseases your child has ever had, blood type, fears, habits, ANYTHING you can think of that me be helpful in an emergency. Wah'-shā Academy cannot be responsible for any information withheld.**

- **Please attach your immunization form, or exemption from immunization with this application.**

**Consent for Medical and/or Emergency Treatment\*\***

I, \_\_\_\_\_, hereby voluntarily consent to the rendering of medical care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of my child.

\_\_\_\_\_

(relationship)

\_\_\_\_\_.

(hereafter "dependent") – Full Name

I further give my consent to

*Regina Splees Tafoya, staff at WAH'-SHĀ ACADEMY*

\_\_\_\_\_.

(hereafter "caregiver") – Full Name

**who will be caring for my dependent for the period \_\_\_\_\_ through \_\_\_\_\_, to arrange for emergency medical and/or dental care and treatment necessary to preserve the health of my dependent. In the event that my dependent is injured or ill while under the care of the caregiver, I hereby give permission to the caregiver to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.**

In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the Staff and caregivers at Wah'-shā Academy to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

\_\_\_\_\_  
Signature of Legal Guardian

**Witness**

\_\_\_\_\_  
Name

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address of Guardian:

\_\_\_\_\_

\_\_\_\_\_  
Phone of Guardian

\_\_\_\_\_

\_\_\_\_\_  
Name of dependent

**Wah' -Sha Academy Field Trip and Excursions  
Permission Form**

(PLEASE PRINT) Name \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

LAST FIRST MIDDLE Names of Parent(s)/Guardian

\_\_\_\_\_

Telephone (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Home): \_\_\_\_\_  
(Other): \_\_\_\_\_

**CONSENT AND RELEASE:**

I hereby consent on behalf of the student named above to participate in school sponsored trips, in addition to daily excursions to the park or other nearby hiking trips. In winter we engage in ice skating at the CB South ice skating rink.

Any subsequent field trips will be communicated to parents prior to the date of the field trips, and parents have the option to 'opt out' on a case-by-case basis. In this case, no child-care can be offered.

I understand that transportation may or may not be provided by Wah' -Sha Academy. In the event transportation is not provided by Wah' -Sha Academy, transportation will be the student(s) and parents/guardians responsibility. If any emergency medical procedure or treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for, or consenting to the procedures or treatment in his or her discretion, as agreed in the medical consent form during registration. I further release and waive and further agree to indemnify and hold harmless and reimburse Wah' -Sha Academy, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and against any claim which I, any other person, firm, corporation, or entity may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

# Parental Waiver / Assumption of Risk, Release of Liability, Identification and Consent Form

I, the undersigned, as the parent or legal guardian of \_\_\_\_\_  
Do hereby give my full consent and approval for my child to participate in activities performed in the Wah'-shā Academy, 273 Gillespey Ave., Crested Butte, CO 81224

I understand that there are certain risks of damages and injuries inherent in the participation of my child when engaging in play and other activities typical of a kindergarten setting, and I hereby accept these risks on behalf of my child.

I hereby certify that my child is fully capable of participating in activities as outlined in the Family Guide, and any other project that the teacher may give permission to, and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict his/her full participation in such activities.

I understand that it is my child's responsibility to abide by the rules and regulations imposed on the children by the teacher and/or any teacher aides / substitutes for the safe conduct of activities during program hours.

I understand that my child will be engaging in walks outside the perimeter of 273 Gillespey Ave., Crested Butte, CO 81224 and other large movement activities outside the perimeter of Wah'-shā Academy's school building and gated area but within the fenced boundaries of 273 Gillespey Ave., Crested Butte, CO 81224

I hereby, for myself, my spouse, the guardians of, and on behalf of my child, agree to save and hold harmless, defend and fully indemnify the Wah'-shā Academy, Regina Splees Tafoya, Property owners, including their tenants, heirs, assigns, agents, employees, borrowed servants, insurers, from any and all claims for personal injury or property damage arising from my child's attendance at Wah'-shā Academy.

I hereby release Wah'-shā Academy, Regina Splees Tafoya, the owner of 273 Gillespey Ave., any other tenants at 273 Gillespey Ave., Crested Butte South POA and its entire staff from any and all liability for any injuries that my child may sustain as a result of any activities that take place on the property of Wah'-shā Academy, 273 Gillespey Ave., Crested Butte, CO 81224, and any off-site field trips during designated school hours for the term:

FROM \_\_\_\_\_ TO \_\_\_\_\_ .

**I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older, and mentally competent to enter into this waiver.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OF GUARDIAN

of \_\_\_\_\_  
(Name of child)