EMMA WILLARD SCHOOL
Authorization Page

TOPICALS: The following topical treatments are available, and will be applied by our program nurse as necessary with prior authorization: *Benadryl Cream, Antibiotic Ointment, Sun screen*

I authorize the use of topical treatments for my daughter _____
signature of parent or guardian

I do not authorize the use of topical treatments for my daughter _____
signature of parent or guardian

EMERGENCY AUTHORIZATION: If unable to contact parent, guardian, or emergency person, I hereby authorize the GirlSummer director and medical staff to take necessary action in case of an emergency:

_____ _____
signature of parent or guardian date

FOOD POLICY: I understand and accept that Emma Willard School cannot promise to accommodate all food allergies within its meal program. I am responsible for ensuring the safety of my child with food allergies. (There will be no financial adjustment for girls who do not participate in the lunch program.)

I understand and accept this policy: _____ _____
signature of parent or guardian date

ARRIVAL POLICY: In order to ensure the safety and supervision of all girls attending the GirlSummer Day Program, attendees may not be dropped off before 8:30 a.m. Attendees will be supervised beginning 8:30 a.m.

I understand and accept this policy: _____ _____
signature of parent or guardian date

DISMISSAL POLICY: In order to ensure the safety and supervision of all girls attending the GirlSummer Day Program, on time pick-up is a must. Every effort must be made to pick up your daughter by 3:00 p.m. each day. In the event you are late, there will be a charge of $10.00 for every fifteen minutes past 3:00 p.m. (or fraction thereof). As a courtesy to our staff, this policy will be strictly enforced.

I understand and accept this policy: _____ _____
signature of parent or guardian date

We sometimes use photos of girls from GirlSummer Day in our brochure or on our Web site. Please indicate if you wish to give permission for your child's image to be used:

I give authorization: _____ I do not give authorization: _____

Please return this form no later than **June 1, 2010** to GirlSummer Day Program, Emma Willard School, Troy, NY 12180.