

Project Phoenix Pod Student Registration

Student Name (first, last): _____ (age on 1 Oct): _____

Student school/grade: _____/_____

2nd Student Name (first, last): _____ (age on 1 Oct): _____

Student school/grade: _____/_____

Parent(s) Name(s) (first, last): _____

Address: (street): _____ (city): _____ (state): _____ (zip): _____

Best contact phone(s) for parent(s): _____/_____

Email(s) for parent(s): _____@_____/_____@_____

Parent address (if different from student)

Address: (street) : _____ (city): _____ (state): _____ (zip): _____

Do any of your enrolling students have food or medical allergies? (yes/no): _____ If so, please describe: _____

Do any of your enrolling students have special needs? (yes/no): _____ If so, please describe: _____

Emergency contact info (other than parent(s) listed above:

Name (first, last): _____

Phone number: _____

Medical Release Form for Project Phoenix Pod

Student Name: _____

2nd Student Name: _____

It is understood that consent is given in advance of emergency, diagnosis, or treatment required while the student is participating in Project Phoenix Pod activities. In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent to designated school and church personnel to exercise their best judgement to obtain medical treatment for my child should action be warranted to ensure my student's safety, health, and life. This form will be kept with designated Project Phoenix Pod personnel during activities.

Parent/Guardian name(s): First: _____ Last: _____
Signature: _____ Date: _____

Parent/Guardian name(s): First: _____ Last: _____
Signature: _____ Date: _____

Student Medications (if any): _____

Student Physician name: First: _____ Last: _____

Physician Office number: _____

Furthermore, I (DO / DO NOT) _____ consent for Project Phoenix Pod staff to be permitted to provide my student with over the counter medication such as aspirin, ibuprofen, acetaminophen as necessary, with advance notification to me preferred, but not required.

Parent/Guardian name(s): First: _____ Last: _____
Signature: _____ Date: _____

Parent/Guardian name(s): First: _____ Last: _____
Signature: _____ Date: _____

Project Phoenix Pod Student Pick-up Release Form

We recognize that different students have different levels of autonomy. Our goal is to respect parent wishes with respect to individual student autonomy, recognizing that the Project Phoenix Guide and Board of Directors have a responsibility to protect students as they are able.

The Project Phoenix guide will release students only to a parent or guardian unless the student's parent or guardian has given written permission for an alternate person to pick up, and/or permission for the individual student to self check-out.

NOTE: If a parent wishes to give a student permission to depart early during normal Pod hours, please contact the Pod Guide in advance. Students who need to depart for some reason, such as appointments, should inform the Pod Guide in advance.

ALTERNATE INDIVIDUAL PICK UP

I (name: first, last) _____ authorize my child to be picked up by the following individuals at the completion of daily Project Phoenix Pod activities.

Signature _____ Date _____

Student name (first, last) _____

2nd Student name (first, last) _____

Authorized individuals:

Name (first, last) _____

phone number _____ relationship _____

Name (first, last) _____

phone number _____ relationship _____

Name (first, last) _____

phone number _____ relationship _____

SELF CHECK OUT

I (name: first, last) _____ authorize my child to self check-out at the completion of daily Project Phoenix Pod activities.

Signature _____ Date _____

Student name (first, last) _____

2nd Student name (first, last) _____