

NEW HOPE TUTORIALS, INC.
A P A R E N T - B A S E D E D U C A T I O N A L S O L U T I O N

In the unlikely event that your child is injured or becomes sick at New Hope's Danvers location, en route from New Hope's Danvers location to Gordon College for a Chemistry lab experience, or while on a field trip or other activity sponsored by New Hope, every effort will be made to contact you. Should you be unavailable, and the situation warrants, emergency treatment will be obtained. Depending on the circumstances, your child's physician or dentist identified below will be notified.

AUTHORIZATION FOR EMERGENCY TREATMENT

Please print.

Student's last name _____ First Name _____ Middle Name _____

Date and place of birth _____ Age _____

Home address _____
Street Town/City

Mother's Name _____ Daytime phone _____

Father's Name _____ Daytime phone _____

Insurance Carrier _____ Policy # _____

Local person to contact if parent/guardian cannot be reached _____

Phone number for the above contact person _____

Physician _____ Phone# _____

Dentist _____ Phone# _____

Special instructions _____

I HEREBY AUTHORIZE EMERGENCY TREATMENT FOR THE ABOVE NAMED STUDENT.

Signature of parent or guardian

Date

****SIGN AND RETURN THIS FORM ONLY IF YOUR CHILD
IS REGISTERED FOR ART, CHEMISTRY, PHYSICS or
ELECTRONICS**

RELEASE FROM LIABILITY AGREEMENT

From time to time, students enrolled in New Hope's art, science and electronics tutorials use equipment, techniques, or procedures that carry a risk of injury. These students must be enrolled in a hospitalization plan. New Hope is not liable for injuries received by a student who is enrolled in any of these tutorials.

Student's name _____

Insurance carrier _____ Policy # _____

As parent/guardian of the above named student, I hereby release New Hope Tutorials, Inc., its directors and tutors from any liability incurred as a result of injuries, medical treatment, or property damage received by my child during a New Hope art or science tutorial.

Signature of parent/guardian

Date

ALLERGY ALERT FORM

IF YOUR CHILD HAS A SERIOUS OR LIFE-THREATENING ALLERGY, we will want to talk with you to be sure we are prepared to handle an emergency. Please give us the information requested below. We will plan to contact you before tutorials begin in the fall.

Thank you.

Student name

Parent name

Phone

E-mail

Please tell us the type of allergy your child has and anything we would need to know to respond properly to an allergic reaction.
