



"Releasing Brilliance Through Intelligent Minds By Advancing Engineering, Mathematics and Science."

REF Foundation Inc
P O Box 3088
Alpharetta, GA 30023

678-809-2110
www.reffoundation.org

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____

BIRTH DATE: _____ SEX: _____

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS _____

HOME PHONE: _____ BUSINESS PHONE: _____

I, (name of parent or guardian) _____, grant permission for my child
(name of child) _____ to participate in this off-site activity that
requires transportation to a location away from their school location or home domicile.

This activity will take place under the guidance and direction of REF Foundation Inc.

A brief description of the activity follows:

Type of event /activity: _____

Destination of event or activity: _____

Individual in charge or and responsible: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above
named young person _____ ("participant").

I agree on behalf of myself, my child's other parent if known or living
(name of parent) _____, my child named herein, or our heirs, successors, and assigns, to
hold harmless and defend REF Foundation Inc. its officers, directors, agents, chaperons, or representatives
associated with the event with respect to any and all actions, claims or demands that may be made or brought
against the foundation, its officers, directors, agents, chaperons, or representatives associated with the event,
arising from or in connection with my child's attending the event or in connection with any illness or injury or
cost of medical treatment in connection therewith, and I agree to compensate the (REF Foundation Inc.) its
officers, directors, agents, chaperons, or representative associated with the event for reasonable attorney's fees
and expenses arising in connection therewith.

Signature _____ Date _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME & RELATIONSHIP: _____ PHONE _____

FAMILY DOCTOR _____ PHONE _____

FAMILY HEALTH PLAN CARRIER: _____

POLICY NUMBER: _____

1) Signature _____ Date _____

Other Medical Treatment: In the event it comes to the attention of the REF Foundation Inc., its officers, directors, agents, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

2) Signature _____ Date _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

3) Signature _____ Date _____

No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

4) Signature _____ Date _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child if deemed advisable

5) Signature _____ Date _____

Special Medical Information: The (REF Foundation Inc.) will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus/diphtheria immunization _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition. _____

You should be aware of these special medical conditions of my child. _____