Delphi Academy™ of Los Angeles

Summer Camp 2018

For a great summer of fun and learning!

SUMMER PROGRAM ENROLLMENT PROCEDURES

This form needs to be filled out completely, signed and submitted along with the Summer Program Application.

Please affix a photo of your child here.

Delphi Academy of Los Angeles Summer Program Enrollment Terms

In the best interest of the Delphi Academy Summer Program and my/our child _____(name), the undersigned parent(s) and/or legal guardian of the student agrees to the following:

Consent to medical care for student
I/We consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the student at my/our expense upon the advice and under the general or special supervision of a physician, surgeon and/or dentist licensed under the provisions of applicable medical practice laws.

I/We give my/our permission for the student to participate in the following activities that may have some inherent risk. I understand that neither Delphi Schools, Inc., the Delphi Academy nor any of its employees, students or volunteers shall be liable to myself or to my child for any claim arising out of these activities, such claims being hereby waived, and that I will indemnify and save harmless Delphi Schools, Inc., Delphi Academy and its employees, students and volunteers from all liability for claims as well as from claims of all other persons resulting from any act of my/our child during these activities:

a. swimming and sports b. classes and activities c. field trips, outings, students riding in school buses

I/We assume responsibility for any acts of my/our child during any field trip or school outing, and will indemnify (reimburse or repay for any loss incurred) and hold the foundation, school, its employees and volunteers harmless from any claims of any person arising from my/our child's acts. "Field trip or outing" includes period of travel time to and from the school.

I/We and my/our child agree to support the school by adhering to procedures and rules set forth in the "Delphi Student and Parent Handbook." (The "Delphi Student and Parent Handbook" is available online.)

I/We understand that Delphi has the right to refuse any applicant or to dismiss any student misrepresented during enrollment or whose conduct or influence is unsatisfactory or is, in the opinion of the school, not in the best interest of the Delphi Academy of Los Angeles Summer Program.

I/We understand that the school has access to all belongings at any time for the purpose of inspection.

I/We understand that students are responsible for their belongings.

Publications:
I/We hereby give my/our permission to Delphi Schools, Inc. and/or Delphi Academy of Los Angeles to use pictures of the student or to use written material, in whole or in part, or to summarize the contents of the material written by the student in promotional materials of the school.

_____ _____
Signature of Parent/Legal Guardian Date

_____ _____
Signature of Parent/Legal Guardian Date

MEDICAL HISTORY, CONFIDENTIAL HEALTH REPORT AND GENERAL INFORMATION FORM

To be filled out by parent or legal guardian

NAME OF STUDENT:_____

SEX:_____ DATE OF BIRTH:_____

HAS STUDENT HAD ANY OF THE FOLLOWING (check yes or no) : If yes has been marked on any of the following items please explain on a separate piece of paper and attach to this form.

Yes	No	Year		Yes	No	Year	
___	___	_____	appendicitis	___	___	_____	asthma, hay fever, allergies
___	___	_____	chronic cough	___	___	_____	pain or pressure of chest
___	___	_____	thyroid trouble	___	___	_____	frequent indigestion
___	___	_____	hernia (rupture)	___	___	_____	arthritis, rheumatism
___	___	_____	foot trouble	___	___	_____	pneumonia
___	___	_____	epilepsy/convulsion	___	___	_____	pleurisy
___	___	_____	eye trouble	___	___	_____	cramps in legs
___	___	_____	ear trouble	___	___	_____	swollen or painful joints
___	___	_____	throat trouble	___	___	_____	tumor or cyst
___	___	_____	nose trouble	___	___	_____	bone infection
___	___	_____	frequent colds	___	___	_____	nervous disorder
___	___	_____	sinus trouble	___	___	_____	pile or rectal disease
___	___	_____	bone/joint deformity	___	___	_____	kidney or bladder disease
___	___	_____	stiffness of joints	___	___	_____	frequent headaches
___	___	_____	heart disorders	___	___	_____	dizziness or fainting spells
___	___	_____	stomach trouble	___	___	_____	jaundice
___	___	_____	severe tooth trouble	___	___	_____	hearing impairment
___	___	_____	speech difficulties	___	___	_____	tonsillitis
___	___	_____	strep throat	___	___	_____	frequent nausea/vomiting
___	___	_____	frequent nose bleeds	___	___	_____	fracture/broken bones
___	___	_____	diabetes	___	___	_____	surgery or operations

INFECTIOUS DISEASE HISTORY:

Yes	No	Year		Yes	No	Year	
___	___	_____	Measles	___	___	_____	Typhoid
___	___	_____	Mumps	___	___	_____	Diphtheria
___	___	_____	Chickenpox	___	___	_____	Malaria
___	___	_____	German measles	___	___	_____	Infectious mononucleosis
___	___	_____	Poliomyelitis	___	___	_____	Venereal disease
___	___	_____	Rheumatic fever	___	___	_____	Scarlet fever
___	___	_____	Whooping cough	___	___	_____	Meningitis
___	___	_____	Tuberculosis	___	___	_____	Hepatitis

DELPHI ACADEMY OF LOS ANGELES SUMMER PROGRAM MEDICAL RELEASE FORM

In the event that a medical or surgical emergency should occur while your child is attending Delphi it is imperative that we have parental authorization on file. Any hospital or medical institution requires parental permission to render the necessary care to a minor patient. Please note that this release must be signed.

In case of illness, accident or similar emergency, Delphi, or any authorized agent thereof, is authorized to seek and obtain medical care or treatment for my child, any may authorize any physician, hospital or medical institution to render the necessary care.

I, the undersigned parent/legal guardian (circle one), authorize any emergency medical or surgical treatment to be given to

(name of child) _____

(relationship) _____

Further, I guarantee coverage of costs for any such treatment rendered.

_____ _____

Signature of Parent/Legal Guardian Date

INSURANCE INFORMATION

Is your child currently covered by any form of comprehensive health, medical, or accident insurance? If so:

Name of Company _____

Address _____

_____

City/State/Zip

Policy Number _____ Extent of Coverage _____

Policy Holder's Name _____

Social Security Number _____ Relationship to Child _____

Please enclose an insurance card or photocopy of it.

CONFIDENTIAL HEALTH REPORT

1. Does your child have any physical handicaps? If yes, please explain.

2. Is your child currently under medical treatment? If yes, please give reasons, medications prescribed and names and addresses of doctors rendering treatment.

3. Has your child ever been treated by a psychiatrist/psychologist? If yes, please indicate inclusive date of treatment, including names and addresses of physicians and type of treatment received.

4. Has your child ever attempted suicide? If so, please give details.

5. Has your child ever used marijuana, LSD, barbiturates, or used or been prescribed any other psychedelic or psychotropic drugs? If so, please give details.

EMERGENCY PHONE NUMBERS:

Mother _____ _____ _____
Home Work Cell

Father _____ _____ _____
Home Work Cell

In case of emergency and you can not be reached, who should we contact?

Name _____Phone _____ Relationship _____

Name _____Phone _____ Relationship _____

Date of last dental check _____

Dental Health: Excellent _____Good _____ Fair _____ Poor_____

Date of last physical check by doctor _____

Physical Health: Excellent _____ Good _____Fair _____Poor _____

I have answered the questions accurately and certify that no information has been withheld or misrepresented. I understand that discovery of substantial falsification or omissions can result in no acceptance or immediate dismissal.

The student is a normal child who is a safe companion for other children.

_____ _____
Signature of Parent/Legal Guardian Date

GENERAL INFORMATION FORM

NAME OF STUDENT _____

Who may pick up your child from school at any time? List names below and relationship to child:

If parents are divorced, do you as the custodial parent, want the other parent to receive copies of student reports and program mailings? Yes _____ No _____

If so, please give name and address of the other parent:

_____ _____

Signature of Parent/Legal Guardian Date