

**VAST LIFE @ Penn requires that each child's parent understands and accepts its policies on the following issues. Please read the policies listed below: your signature, whether electronically submitted or hand written, indicates your understanding of and agreement with these policies. If the child has 2 parents, both parents must understand and agree to these policies.**

• **Special Concerns** – prior to the time of registration, any behavioral problems or special physical, emotional, psychological, or medical needs, including allergies, should be identified or discussed with VAST LIFE @ Penn.

• **Medical Treatment** – VAST LIFE @ Penn does not normally administer any medication and will do so only when directed in writing by the child's parent(s). In the event of an emergency in which the parent(s) cannot be contacted via the phone number provided in this application, emergency medical staff and VAST LIFE @ Penn may take appropriate action in the best interest of the child.

• **Photography/Video Waiver** – the parent(s) permit(s) VAST LIFE @ Penn to use pictures/video of their child as a program participant in promotional literature published and used by VAST LIFE @ Penn, including, but not limited to, newsletters, magazines, brochures, social media, and web sites.

• **Lost Items** – VAST LIFE @ Penn is not responsible for any personal items lost or stolen. We recommend writing your name on all personal items.

**VAST LIFE @ Penn permission for medical treatment:**

The parent(s) authorize(s) VAST LIFE @ Penn to arrange for transportation in case of an accident or acute illness of the child. In the event of an emergency, consent is given to any licensed physician and/or surgeon called or to whom the child is taken for treatment to administer drugs and medication, and to perform such surgical treatment as s/he shall think the existing emergency requires for pain relief and/or preservation of the child's life, and/or health and wellbeing. Cost incurred for treatment of such illness or accident will be processed through the insurance of the parent(s); the cost shall not be incurred by embrace all abilities if the parent(s) lack(s) insurance. The authorization and consent for treatment is given to embrace all abilities in conjunction with any authorized event.

We/I authorize consent and understanding of the aforementioned:

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)