

MEDICAL REFUSAL FORM

bring these three pages with you on your first day!



I do NOT consent to emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish volunteer personnel at BRAINWORX to take the following action(s):

Participating Child's Name (print) _____

Parent/Guardian (print) _____ Signature _____

Date _____ Address _____

AUTHORIZED PICK-UP LIST

NO CHILD MAY PARTICIPATE WITHOUT A COMPLETED FORM

____ Mother Name _____ Contact phone # _____

____ Father Name _____ Contact phone # _____

____ Step-parent Name _____ Contact phone # _____

____ Guardian Name _____ Contact phone # _____

____ Other Name _____ Contact phone # _____

____ Other Name _____ Contact phone # _____

*Any adult picking up students registered/attending BrainWorx must be prepared to provide a photo I.D.

____ Please mark here if student is permitted to walk home. Parent/Guardian Signature _____

Tutors, computers, snacks and activities available for **all**

After-school program for 6th grade students living in the Johnstown-Monroe Local School District

It's FREE

br@!nWorX

Johnstown
BAPTIST CHURCH

11/2018 ©

the safe spot for snacks,
study & shenanigans

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