

MEDICATIONS (OVER THE COUNTER):

My child’s teacher and The Mosaic Project staff have my permission to administer over-the-counter medications (such as cold, stomachache, headache, allergy, and anti-inflammatory medications) and to administer first aid as deemed necessary.

» _____
Parent/Guardian Signature _____
Date

AGREEMENTS:

PARENT(S)/GUARDIAN(S): I have read and understand all the information provided in the Parent Information Packet I received from my child’s teacher. I understand that although The Mosaic Project will use care in the selection of facilities, services, and staff and exercise precaution for the safety of all participants and their personal property, there are certain risks inherent in attending an overnight program. I understand the nature of the program and accept the risks involved. I agree that The Mosaic Project and its directors, officers, employees, agents, and independent contractors shall have no liability of any nature for any loss or damage to property or personal injury incurred by my child while participating in the program or as a result indirectly or directly from my child’s enrollment or participation in this program. I agree that jurisdiction for all legal action brought on behalf of my child will be in Alameda County, California. The prevailing party in any legal action brought against The Mosaic Project and/or its directors, officers, employees, agents, and independent contractors, will be entitled to receive all of its legal fees, court costs, and out of pocket expenses from the other party. I understand that if my child is removed from the program for disciplinary reasons, that no program fee refund will be given and that it is my responsibility to arrange transportation home. I give my permission to The Mosaic Project to use photography and/or video of my child and to use his/her creative writing and artwork in promotional, documentary, and other educational publications. I grant permission for my child to participate in pre and post-program surveys that will help to evaluate the program's success.

» _____
Parent/Guardian Signature _____
Date

THE MOSAIC PROJECT AGREES TO: Work towards providing a nurturing and supportive learning environment; maintain high standards of supervision and safety management; provide healthy food; respond to group and individual needs.

PERMISSION TO ATTEND:

(Student's name) _____ has my permission to attend The Mosaic Project’s residential program. My child is in good health and is able to fully participate in the program. IN CASE OF MEDICAL EMERGENCY, I hereby authorize the physician/health care provider selected by The Mosaic Project staff and/or my child’s teacher to secure all proper and required treatment for the student listed. I will be responsible for all medical expenses incurred.

I understand that if my child is removed from the program due to either medical or disciplinary reasons, it is my responsibility to arrange transportation home.

I am granting my permission for my child to ride in the private vehicles of The Mosaic Project Staff/my child’s teacher and/or any camp vehicle, in case of emergency.

» _____
Parent/Guardian Signature _____
Date