

ELDRIDGE OVERTON EDUCATIONAL PROGRAMS REGISTRATION FORM

Telephone: 908-595-2106

Fax: 908-315-9626

WWW.ELDRIDGEOVERTONSCHOOL.COM

Student Emergency Contact, Medical Information and Parental Consent

Child's Name

Date of Birth

M F
Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

()
Home Phone

()
Work Phone

()
Home Phone

()
Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

COURSE TITLE	START DATE	# OF SESSIONS	COURSE FEE

PAYMENT INFORMATION

TOTAL: _____

EOSOE'S POLICY ON REFUNDS: Written withdrawals must be in at least ten (10) business days before the start of the class, less a \$20 Administrative Fee per course.

Please make payable to Eldridge Overton School. Mail to: Eldridge Overton School, 991 US Highway 22, Suite 200, Bridgewater, NJ 08807.

- Check # _____ for the Full Amount Enclosed
 Money Order for the Full Amount Enclosed
 I have submitted my Visa/Mastercard payment on your website.

Course

Location: _____

Please do not complete this form for courses held on RVCC Campus.

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

()
Home Phone

()
Work Phone

()
Home Phone

()
Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

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Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release Eldridge Overton School of Excellence and individuals from liability in case of accident during activities related to EOSOE, as long as normal safety procedures have been taken. I give my consent for my child to be photograph or videotaped for promotional purposes. I do not expect compensation when EOSOE takes promotional photos and videos of students in the learning environment.

Parent's/Guardian's Signature

Date

Witness Signature

Date