

Program Certification Authorization/Release Form

I hereby give permission for _____ to participate in the _____ program offered by the Ojai School of Canine Massage. This program will begin on _____, and end on _____.

In the event of illness or injury, I hereby consent to whatever medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the participant(s) parent(s)/guardian(s).

Note regarding administration of medication: If your child is required to take medication prescribed by a physician during the course of this program, and you wish school personnel to assist your child in taking this medication, please indicate by signing below. In addition, please state the type of medication and attach a written statement from the child's physician detailing the method, amount and time schedules by which such medication is to be taken. If there is a special medication problem(s), please attach a description of the problem(s) to this sheet.

Signature of Parent/Guardian: _____

I fully understand that all participants are to abide by all rules and requirements during the above mentioned course of instruction. In addition, all persons taking the above mentioned course of instruction shall be deemed to have waived all claims against the Ojai School of Canine Massage, and representatives of, for injury, accident, or illness (physical or mental) occurring during, or connected in any way with, the above mentioned course of instruction or with the students participation in the course.

I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.

Signature of Parent/Guardian: _____ Date: _____

Address: _____ Phone: _____

If you have health insurance, please list:

Health Insurance Company _____ Policy no. _____
Group no. _____

In the event of illness or accident, if different from above, please contact:

Name: _____ Phone: _____
Address: _____

