

**KEYSTONE EDUCATIONAL MANAGEMENT SERVICES**

**1101 E. Gregory St.**

**Des Plaines, Illinois, 60016-1231**

**Phone: 847/826-0584 Fax:847/803-8669**

**CEO: Michael E. Schack MA, MBA**

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**RELEASE FORMS**

Student Name: \_\_\_\_\_

**EMERGENCY RELEASE**

In the event of a serious illness or accidental injury, Joseph Academy may obtain emergency medical care for my child.

**ATHLETICS**

**I DO / DO NOT** (please circle) give my consent for the above named student to participate in the Chicago Area Alternative Educational League. In order to participate in CAEL programs, the parent/guardian must sign a hold harmless agreement. Participating in the CAEL program includes eating lunch outside the school, paid for by the students.

**FIELD TRIP INFORMATION**

I give my consent for my child to be involved in Joseph Academy Program fieldtrips. I understand that transportation will be provided either by a school vehicle or a staff member's car.

**PUBLICITY INFORMATION**

The Joseph Academy Program may include your child in a film about the program and other promotional educational projects that may include pictures or films. I understand that although my child may be photographed, personal information will remain totally confidential. **I DO / DO NOT** (please circle) consent to have my child participate in the above.

**EMERGENCY TRANSPORTATION**

**I DO / DO NOT** (please circle) give permission for Joseph Academy to send my child home on transportation in the event of an emergency situation( loss of electricity, excessive snow) where an early dismissal is necessary, and my contacts cannot be reached.

**THERAPY DOG PROGRAM**

The use of the Therapy Dog will be available to a small group of students who have the desire to so and have met criteria. Every precaution will be taken for the safety and supervision of each pupil. However, the school does not assume responsibility in the event of an accident or unavoidable mishap.

I give my permission for my child to participate in the above stated Therapy Dog Program.

**I DO / DO NOT** (please circle)

Release Joseph Academy and all of its official representatives from all liability in case of accident or injury involving my child during this program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date