

JOSEPH ACADEMY

1101 Gregory Street, Des Plaines, IL 60016 (847)803-1930 Fax (847)803-8669
1100 North 22nd Avenue, Melrose Park, IL 60160 (708)345-4500 Fax (708)345-4516
9003 South Kostner Avenue, Hometown, IL 60456 (708)952-1100 Fax (708)952-0287
420 County Farm Road, Wheaton, IL 60187 (630)407-2541 Fax (630)407-2545
Michael Schack, Executive Director

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 CAAEL programs, the parent/guardian must sign a hold harmless agreement. Participating in the CAAEL 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.

Signature of Parent/Guardian

Date