

**ROCKY RIVER HIGH SCHOOL  
PLAY-SCHOOL REGISTRATION AND EMERGENCY MEDICAL  
AUTHORIZATION WAIVER FORM**

**Child's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Parent's/Parent Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Phone number where you can be reached during play school hours:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications your child is currently taking:** \_\_\_\_\_

**Foods to be avoided:** \_\_\_\_\_

**Child's Interests:** \_\_\_\_\_

**ANY OTHER INFORMATION ABOUT CHILD THAT WE SHOULD BE AWARE OF?**

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**In case of an emergency, and you can not be reached, please provide the name and number of your closest relative or friend:**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**EMERGENCY TREATMENT**

In the event of illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for the R.R.H.S. to provide emergency treated to the best of their knowledge and ability. I will not hold the school or medical personnel responsible. This is done with the understanding that every attempt will be made to contact a parent, the child's physician, and other persons listed for emergency contact.

**SIGNED** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RRHS Play School Photo, Video and Audio Permission**

I authorize the Rocky River City School District to publish in print or post on the web any photos, video or audio of my child or my child's work, as during the year, the district often uses photography, video or audio to illustrate student projects, events, accomplishments, and activities. My child's name will **NOT** be used on the web or in print.

**Child's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_