

Fairfax Collegiate Summer 2025

Emergency Information and Permission Form

722 Grant St., Ste J
Herndon, VA 20170
p) 703 481-3080
www.FairfaxCollegiate.com



Child	Nickname	Date of Birth	Sex
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Address	Home Phone
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Chronic Physical Problems or Other Important Health Information

☐ Epipen or inhaler (please attach authorization form)

Parents(s)/Guardian(s)

Father or Guardian	Place Employed	Business Phone
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Home Address	Home Phone
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Mother or Guardian	Place Employed	Business Phone
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Home Address	Home Phone
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Emergency Information

Allergies or Intolerances to Food, Medication, etc., and Action to Take in an Emergency

Child's Physician	Phone
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Emergency Contact #1	Address	Phone
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Emergency Contact #2	Address	Phone
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Authorization to Obtain Emergency Medical Care

I authorize Fairfax Collegiate to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.

Signature of Parent or Guardian: _____ Date: _____

Child Day Program Licensure Exemption Disclosure

Fairfax Collegiate Summer Programs operate as exempt from Child Day Program Licensure under §63.2-1715.2 of the *Code of Virginia*, which stipulates that children may enter and leave the premises without permission or supervision. In our program children must attend the classes they are registered for, we take attendance, and we notify parents in event of absences. Please consult the Frequently Asked Questions at <http://www.fairfaxcollegiate.com/FAQ> for a detailed description of student arrival, attendance tracking, and departure procedures.

Signature of Parent or Guardian: _____ Date: _____

Permission and Liability Release

I give permission for my child, _____, to participate in the 2024 Fairfax Collegiate Summer Program. In consideration, I do hereby release and discharge the following organizations and their officers, directors, employees, and agents from any or all claims of damage or liability due to ordinary negligence: St. Timothy School, Green Hedges School, Lutheran Church of the Redeemer, BASIS Independent McLean, Loudoun School for Advanced Studies, Edlin School and Fairfax Collegiate School, LLC.

Signature of Parent or Guardian: _____ Date: _____

Photo Release

By enrolling in our program, you allow Fairfax Collegiate to take photographs and video of your child, which may be used in our catalog, website, and other promotional materials. If you do not want us to photograph or take video of your child, please send a written request before attendance begins with a photo of your child.

Signature of Parent or Guardian: _____ Date: _____