

**WONDER WORLD**

1359 Morris Ave, Union, NJ 07083  
Tel: (908) 687-2452 · Fax: (908) 687-8507

**MEDICAL RELEASE & INFORMATION FORM**

**For School Year: \_\_\_\_\_ through: \_\_\_\_\_.**

Name of Child: \_\_\_\_\_ Child's Date of birth: \_\_\_\_\_

Child's SS#: \_\_\_\_\_ Emergency Contact Telephone #: \_\_\_\_\_

In the event of serious injury or medical emergency and the responsible parent or guardian cannot be contacted; I hereby give permission for my above named child to be transported to the nearest hospital emergency room and given whatever aid and treatment is deemed appropriate by said medical facility.

List any modifications/ additions you wish to make to the above statement: also, indicate if any specific hospital or medical facility is to be utilized:

\_\_\_\_\_  
\_\_\_\_\_

List all known conditions, illnesses and allergies to medications/ foods that any emergency room staff should be aware of.

\_\_\_\_\_

We hereby certify that there is medical health insurance coverage (hereinafter "coverage") in effect for the above-named child and that said coverage shall continue to be maintained for the duration of enrollment with the school. We further agree that, irrespective of the circumstances under which said child may require medical assistance that said coverage shall, in all events, be primary and that the liability of the school shall be secondary and strictly limited to such amounts as may be above and beyond what is paid or payable pursuant to the coverage and then, only upon a final adjudication that said medical treatment was in fact necessitated by reason of the negligence or other improper conduct of the school, its agents, servants, employees, or representatives.

We further agree that any lapse in the coverage applicable to the child shall, in the sole discretion of the school, be treated as a breach of the "Parent-School Agreement" thereby permitting the school to terminate enrollment from the date of said lapse and to refuse re-enrollment until proof of coverage applicable to the child is satisfactorily demonstrated to the school. The coverage is described below and a copy of the identification card applicable to the child is attached and part of this form.

Health Insurance Co. \_\_\_\_\_ Health Insurance Co. ID # \_\_\_\_\_

Health Insurance Telephone \_\_\_\_\_

We further agree that in the absence of a specific hospital or medical facility designated herein by us, the child shall be transported to such hospital or other medical facility as may be designated by the school or any responding medical personnel; we further agree to fully indemnify and hold harmless the school; its agents, servants, employees, or representatives; from any and all liability whatsoever on account of any treatment or aid thus rendered to the child.

This document shall remain in effect for so long as the child remains enrolled in the school unless earlier terminated or modified by us in writing.

\_\_\_\_\_

**WONDER WORLD**

1359 Morris Ave, Union, NJ 07083

Tel: (908) 687-2452 · Fax: (908) 687-8507

Signature of Parent or Guardian

Date