



# The Clearpool Education Center

Over 100 Years of Learning Beyond the Classroom

33 Clearpool Rd • Carmel, NY 10512 • Phone: (845) 225-8226 • Fax: (845) 225-6337

Group attending Clearpool with (school, organization) \_\_\_\_\_  
Grade \_\_\_\_\_

## Parental Consent Form

I would like my child \_\_\_\_\_, to attend the residential program at CLEARPOOL Education Center in Carmel, NY on the following dates: \_\_\_\_\_.

If they believe that it would benefit my child, I want CLEARPOOL to provide my child with emergency and or ongoing medical care. I understand that in the event of an emergency, I will be contacted. If CLEARPOOL feels it is necessary, please have medical personnel selected by CLEARPOOL's Director or those persons that s/he designates, hospitalize and/or provide other treatment, including emergency care, diagnostic tests or X-Rays, for my child. I also give my permission for CLEARPOOL, Inc. to use my Medical Care Policy in order to get reimbursed for medical services provided to my child. If CLEARPOOL, Inc. cannot obtain reimbursement, I agree to be responsible for the cost of these medical services.

I would like CLEARPOOL's administration and staff to use their best judgment and act for me in response to my child's behavior. I do not feel that my child should be allowed to disrupt the activities of CLEARPOOL's programs and will rely on the staff's judgment regarding discipline. I agree that if my child's behavior is disrupting to the other children, the CLEARPOOL staff may have to send my child home. I am also aware that the CLEARPOOL staff reserve the right to protect the safety of program participants by searching luggage.

The administration of CLEARPOOL will provide me with suggestions about the types of clothing and other personal items that are appropriate for the residential program. I understand that CLEARPOOL, Inc. is not responsible for lost, damaged or stolen clothing or other property sent with my child.

\_\_\_\_\_  
Signature of Parent/Guardian                      Date Signed                      Please Print your name

## Photo Consent

I also understand that CLEARPOOL, Inc. may photograph my child while s/he participates in the residential program and /or the school. The CLEARPOOL administration has promised that they will only use these photographs for fund raising and public relation activities. I also agree that CLEARPOOL, Inc. may transfer, use or give others permission to use these photographs for any purpose whatsoever, so long as these purposes are consistent with CLEARPOOL's status as a not-for-profit corporation.

\_\_\_\_\_  
Signature of Parent/Guardian                      Date Signed

## Hospital Consent:

Putnam Hospital Center  
666 Stoneleigh Ave.  
Carmel, NY 10512

I/We, the undersigned parents or guardians of a minor, do hereby authorize Clearpool, Inc. as our agents to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and surgeon at Putnam Hospital Center.

It is understood that this authorization is given in advance of any specific need for treatment by and is given to provide authority on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his/her best judgment may deem advisable.

\_\_\_\_\_  
Signature of Parent/Guardian                      Date Signed

Please check the box if you'd like to receive our newsletter and other information from Clearpool Education Center.