



Mes Amis French School

1430 Meadow Ct.

Chaska, MN 55318

P: 612.805.4930

F: 952.479.7473

rose@mesamisfrenchschool.com

www.mesamisfrenchschool.com

Emergency Contact & Medical Information

Emergency Contact 1# _____ **Emergency Contact #1 Phone #:** (_____) _____

Address: _____ **Relationship:** _____

Emergency Contact 2# _____ **Emergency Contact #2 Phone #:** (_____) _____

Address: _____ **Relationship:** _____

PHYSICIAN: _____ **Physician Phone #:** (_____) _____

Address: _____

Known allergies / illnesses: _____

Food restrictions: _____

Medications regularly taken: _____

Other significant medical information: _____

Permission Statements

Please **initial** next to the following paragraphs to signify your agreement with each statement.

_____ I give permission to the staff of Mes Amis to take whatever emergency measures (including medical or surgical care) are judged necessary for the care and protection of my child while under the supervision of the school.

_____ I understand that in some emergency situations Mes Amis will need to contact the Emergency Medical Service (911) before the parent, child's physician, or other adult who is acting on the parent's behalf. In the event of a non-life threatening medical emergency, my child should be transported _____ Hospital. If it is a life threatening medical emergency, I understand that my child will be transported to Methodist Hospital which is closest to Mes Amis. My child will be transported at my expense.

_____ In consideration of your acceptance of my child as a student at **Mes Amis French School**, I hereby waive, release, indemnify, and agree to hold harmless **Mes Amis French School, LLC** or **Church of the Cross**, its employees, and agents, from any claim arising out of any and all injuries suffered by my child incidental to or connected with any activity sponsored by **Mes Amis French School, LLC**.

_____ I give Mes Amis permission to use photographs or video of my child for publication in school materials at the discretion of Mes Amis French School.

_____ I give my permission for a Mes Amis director or qualified teacher to administer Syrup of Ipecac to my child *only on the advice and under the instruction of Poison Control*.

_____ I give my permission for a staff member of Mes Amis to apply sunscreen lotion according to the manufacturer's directions on my child. I understand that this is not an ordinary procedure and, if necessary, should be applied before coming to school.

_____ I give my permission for a staff member of Mes Amis to apply insect repellent lotion according to the manufacturer's directions on my child. I understand that this is not an ordinary procedure and, if necessary, should be applied before coming to school.



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Signature Page

I/We hereby register for my son/daughter to Mes Amis French School.

Date: _____ Signature(s): _____

A \$75 annual registration fee for Fall-Spring session must accompany this form. This fee is non-refundable and is not credited toward any school tuition.

Classes are non-refundable due to inclement weather, cancelled by parent /student, no show by student. By filling out the school registration form you have agreed to abide with these terms.

Mail completed form to: Mes Amis French School – 1430 Meadow Ct, Chaska, MN 55318
Phone: 612.805.4930

**Mes Amis admits students without regard to race, religion, color, creed, gender, national or ethnic origin and affords its students all rights, privileges, programs and activities generally made available to all students at the school.*