

BARNARD AFTER SCHOOL 2017/18 PERMISSION FORM

Student's Name: _____ Age: _____ Birth Date: _____

Address: _____

Custodial Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Second Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Preferred E-mail for After School-related information: _____

PICK-UP AUTHORIZATION: *Your child will only be released to a parent/guardian/or person listed below:*

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

EMERGENCY CONTACT:

In the event we cannot reach the parent/guardian(s) listed above, please provide additional emergency contacts:

Name	Relationship	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Consent and Release Form & Participant Agreement

As the parent/guardian of _____ (child's name), I agree that:

I give my permission for my child/dependent to participate in the program for which he/she is registered. While my child/dependent is participating in programs at the Barnard After School Program, I acknowledge and assume all risks on his/her behalf and likewise accept personal responsibility for any injury to others or damages caused by my child/dependent.

In the event of a serious accident or illness, I hereby authorize Barnard After School Program staff to contact my child's physician and/or to seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary. I understand every effort will be made to contact family first. I give permission for my child's physician to release information regarding medications and health concerns to the Barnard After School Program regarding my child.

I hereby indemnify, release, and hold harmless the Barnard After School Program, Barnard Academy, the WCSU and their members, agents, and employees from any and all injuries, losses, claims, including court costs and attorneys' fees, and/or damages that may arise as a result of my child's/dependent's participation in the Barnard After School program, except for injuries or damages resulting from the negligence of the Barnard After School Program, Barnard Academy, the WCSU and their members, agents, and employees.

I have read and understood all the above information including all waivers and releases and give my permission for my child/dependent to participate in the Barnard After School Program for which he/she is registered.

Parent/Guardian Signature: _____ Date: _____

BARNARD AFTER SCHOOL 2017/18 MEDICAL INFORMATION

Current/Chronic Health Conditions (seizures, diabetes, allergies, asthma, etc.):

Mental Health/Psychosocial Needs: (ADHD, anxiety, special needs or accommodations)

Allergies: No known allergies to foods _____

to medication _____ environmental (insect stings, pollen) _____

Describe previous reactions: _____ Epi-pen required? yes no

Medication: No scheduled afternoon medications.

Will need to take the following prescribed medication: (include name, dose, frequency, and indication)

If medicines must be taken during the After School Program hours, school policy requires that medication be brought to the school by a parent in the **original pharmacy containers**, with a **health care provider's order** and a **written parent request**. Students are **not** allowed to carry medication with them while in the Barnard Afterschool Program.

Health Insurance: Is student covered by health insurance yes no

If yes, Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance phone number: _____

PHYSICIAN: Name: _____ **Phone number:** _____

DENTIST: Name: _____ **Phone number:** _____

Date of last physical exam: _____ **Date of last Tetanus booster:** _____

Will your child require limitations or restrictions to activity while at the Barnard After School Program? Yes No

If yes, what do you recommend? (attach additional pages if needed)