

ACTON-BOXBOROUGH COMMUNITY EDUCATION

EXTENDED DAY PROGRAM at

(Please check one) ___ Admin; ___ Conant; ___ Gates; ___ McT

PICK-UP AND RELEASE FORM - Please return immediately

The following authorizations are necessary for the Extended Day staff to act in your child's best interest. Please complete all information on both sides and return to Community Education with your first tuition payment.

Child's Name _____ Grade (9/2011) _____ School _____

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PICK-UP AUTHORIZATION (other than parents) - PHOTO IDENTIFICATION WILL BE REQUIRED FOR ALL, INCLUDING PARENTS UNKNOWN TO THE EXTENDED DAY STAFF.

I authorize 1. _____ (name) _____ (phone)

2. _____ (name) _____ (phone)

to pick up my child/ren at Extended Day. If there are any changes in these arrangements, you must let the Extended Day know in advance with a written notice.

Please note: If there are any special instructions or any persons who are never to be authorized to pick up your child/ren, please note & list: _____

FIRST AID AND EMERGENCY MEDICAL CARE NOTICE:

The staff of the Extended Day program may administer first aid to your child where appropriate. There is no nurse on duty at the program. In the event of a medical emergency, your child may be transported to the nearest medical facility for treatment. Staff will inform you, as soon as feasible, regarding your child's need for emergency medical treatment.

PHOTOGRAPHIC RELEASE:

I do ___ I do not ___ consent and authorize the Extended Day Program to use and reproduce photographs taken of my child for Extended Day display, only.

I do ___ I do not ___ consent and authorize Extended Day to use and reproduce photographs of my child for publication.

WALKING RELEASE:

I am willing ___ I am not willing ___ to allow my child walk to various locations on either the main school complex (e.g. to the Football Field or the Merriam/Mc-T playground, etc., if in Admin Ex Day, or McT Ex Day), or to fields between Gates & Douglas for the Ex Day program at Gates. Adult staff will supervise children on any such walking trips.

POLICIES STATEMENT:

___ I have read and understand the "Extended Day Programs Policies 2011-2012"

Signature of Parent or Guardian

Date

>>>>OVER>>>>

Child's Name: _____ Grade (9/2011): _____
Child's Name: _____ Grade (9/2011): _____
Child's Name: _____ Grade (9/2011): _____

Child lives with _____
Address: (if it has changed since submitting your registration form)
(Mo./Parent): _____ (Fa./Parent) _____

Work Telephone: (if it has changed since submitting registration form)
(Mo.) _____ (Fa.) _____

Cell phone or pager # (if it has changed since submitting registration form)
(Mo./Parent): _____ (Fa./Parent) _____

Name & phone # of local person to notify if parents cannot be reached in an emergency:

MEDICAL/ALLERGY INFORMATION

If this form is for more than one child, please note which child the information is for.

• Allergies? Yes _____ No _____

_____ milk/dairy _____ nuts _____ peanuts _____ bee stings _____ fruit
_____ chocolate _____ animals _____ mold/mildew _____ insect bites

Other (please specify): _____

• Please indicate severity of reaction to any above: _____

• My child uses the following for allergies: (You will need to provide for Ext. Day. You also will need to provide a Physician Order for the Ext. Day staff).

_____ Epipen _____ Inhaler Other: _____

• My child has a history (chronic) of:

_____ asthma _____ headaches _____ earaches _____ nosebleeds _____ seizures

Other (please specify): _____

• My child will be taking the following medication while at Extended Day:

Please contact the Community Ed. Office (266-2525) for important information and for a form for Medication Administration at least 2 weeks BEFORE the start of the program. A Physician's Order also is required. Please read Policy Information re: medication at Ext. Day.

• My child regularly takes the following medication:

• My child _____ has a:
_____ hearing impairment _____ vision impairment _____ Other

• Information that may help the Extended Day staff to better understand and assist your child in having an enjoyable Extended Day experience: _____

