

2020-21 St. Edward School After School Care Registration

Mom's Name: _____

Address: _____

Phone #'s: Home _____ Work _____ Cell _____

E-Mail Address: _____

Dad's Name: _____

Address: _____

Phone #'s: Home _____ Work _____ Cell _____

E-Mail Address: _____

Student Name _____ Birthdate _____ Current Grade _____

Student Name _____ Birthdate _____ Current Grade _____

Student Name _____ Birthdate _____ Current Grade _____

Student Name _____ Birthdate _____ Current Grade _____

IN CASE OF AN EMERGENCY PLEASE CALL:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

CONDITIONS REQUIRING SPECIAL EMERGENCY CARE: Asthma/Upper Respiratory: _____ Diabetic: _____

Allergies: (list) _____

Medications (list): _____

Food: (list) _____

Current Medications: _____

Other: _____

GIVE EXACT INSTRUCTIONS FOR CARE IN THE EVENT OF EMERGENCIES NOTED ABOVE: (be specific) _____

Approval of Procedures for Necessary Medical Attention

This authorization gives the power of approval for necessary medical attention as recommended by a licensed physician or surgeon, including x-ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital care. Neither the Principal, Staff nor the school district will assume any financial responsibility for this action.

In necessary situations where we cannot be contacted, we hereby authorize the principal to follow the procedures listed: 1) To make reasonable attempts to contact persons identified. 2) When said persons cannot be contacted, the school staff is to act on our behalf. 3) To contact the following ambulance service, medical doctor or hospital as required.

Physician: _____ Address: _____ Phone: _____

Hospital: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

From time to time throughout the school year, the St. Edward After School Program staff may photograph and videotape students during activities. According to copyright law, we need your permission to videotape or photograph your child. These tapes and pictures are usually saved and they may be used occasionally in print or on the website.

_____ Yes, staff of St. Edward After School Program has my permission to videotape my child during the school year.

_____ No, I prefer not to have my child videotaped or photographed at the St. Edward After School Program.

Please list ALL other authorized individuals that are allowed to pick up your child from the St. Edward After School Program. Include any additional names and numbers on a separate sheet of paper.

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Please estimate the days and times your child (ren) will attend the St. Edward After School Program:

Monday _____ **Tuesday** _____ **Wednesday** _____

Thursday _____ **Friday** _____ **Total Hours** _____

Parent's Signature: _____ Date: _____