

The parent/guardian is responsible for submitting an **Authorization of Medication for a Student at School** form to the school office.

Child's Name: _____

MEDICAL/DEVELOPMENTAL HISTORY/ Use additional paper if necessary. The program agrees to provide transportation to an appropriate medical resource facility in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or medication without specific instructions from the physician or the child's parent or guardian. I agree that the care provider may authorize the physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately. ___ I Agree ___ I Do Not Agree

List any physical handicaps, developmental delays and/or behavior/emotional special needs.

Does your child have special assistance (IEP, 504) during the regular school day? ___ No ___ Yes, please explain.

ACKNOWLEDGEMENTS:

Parents will need to initial each area below:

I ___ Give ___ Do Not Give (check one) the School Nurse permission to provide medical information to the After School Staff.

I ___ Give ___ Do Not Give (check one) permission for my child to be photographed at the program site. (e.g. by site staff for scrapbook, display or by program publications by journalists doing a report on school-age care programs.)

(initial) _____ **Physical / Immunizations:** I certify that my child is enrolled in the Orange County Schools and that a copy of a physical exam and a complete record of immunizations are on file in the school office where the child is enrolled.

(initial) _____ **Application:** I certify that all the information I have given on this application form is true and accurate. I understand that providing false or incomplete information will be a cause for disenrollment from the program.

(initial) _____ **Parent Handbook / OCS Student Handbook:** I understand I will receive the Parent Handbook. I also understand the [OCS Student Handbook](#) contains OCS policies and procedures regarding student conduct and discipline and I can review it also at www.orangecountyfirst.com (click on Board, Board Policies, Section 4000 Students).

SAFE DEPARTURE:

If your child is not picked up by 6:00p.m. you will incur a late fee of \$10 per 10 minutes, per child.

If you are late to pick up a child, the Program Director will call the parent/guardian's home and/or work numbers. If there is no answer, they will call the emergency numbers given for the child on the registration form. If neither parent/guardian or emergency contacts can be reached within a reasonable time after the 6:00pm closing time, the Program Director may call 911 and ask for the social worker on call.

If THREE (3) late pick-ups occur during one school year, your child may be disenrolled from the Middle School Afterschool program.

*Signature of Parent/Guardian: _____

Date: _____

Office Use Only:

Date App Received: _____

Fee Paid : _____

Payee: _____

Start Date: _____

Payment: _____