

## St. Edward School Summer Care Registration 2023

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mom's Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Dad's Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Addresses: \_\_\_\_\_

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 in 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 to time throughout the school year, the St. Edward School Summer Care Program staff may photograph and video tape students during activities. According to copyright law, we need your permission to video tape 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 Summer Care Program have my permission to video tape my child during the school year.

\_\_\_\_\_ No, I prefer not to have my child videotaped or photographed at the St. Edward Summer Care Program.

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

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_