



2019 Summer Application Form (Please Print)
Parent/Guardian signature REQUIRED on page 2

Student Name _____ Nick Name _____

First Last Middle

Date of Birth _____ Male _____ Female _____ Present Grade _____

Parent or Guardian Name(s) _____

Home Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent's E-mail Address _____

My child may be picked up by the following adults: _____

I give permission for my child to walk or bike home: Yes _____ No _____

I give permission for Staff to give my child Sunscreen: Yes _____ No _____ Bug Spray: Yes _____ No _____

In case of an emergency and the parent or caregiver cannot be reached please notify:

Name _____ Relationship to Family _____

Home Phone _____ Cell Phone _____

Health/Medical Information

Please check below if your child has any of the following and list details.

I agree that the following information is accurate and complete to the best of my knowledge.

Does your child have any of the following? Asthma/inhaler: Yes _____ No _____ Diabetes: Yes _____ No _____

Motion Sickness: Yes _____ No _____ Seizures: Yes _____ No _____

Explain above / other medical conditions _____

[] Medications (list all taken) _____

[] Medications that need to be administered during program time _____

[] Food/Drug Allergies _____

[] Activity Restrictions _____

Family Physician _____ Phone _____

Family Medical Insurance plan and number _____

Program Policies

Medication/Illness: EdGE staff will notify parents if their child appears to be ill during program time and needs to be released early. If a student does not feel well at the end of the school day, they should go home at school dismissal time. Medication will not be administered to a student by EdGE staff unless the medication and dosage are listed on page one of this form. Staff will not administer headache medication or antibacterial medication for cuts. If a student experiences a minor cut, staff will wash out the wound with soap and water and apply a band-aid.

Releases

Parents and legal guardians please read and sign the standard releases and permission forms that are required to attend the EdGE Program. Thank you!

Dismissal/Sign Out: At dismissal students are released to the EdGE bus for transportation home. Students will be responsible to follow the transportation bus rules for conduct when riding the bus, and consequences will result if my child does not comply with the bus behavior rules. If a student is going to be picked up by a parent/guardian, the parent needs to be on site at dismissal time or the child will be sent home on the bus. Students will not be released to anyone other than a parent/guardian without a note. Students will not be released to meet a parent attending a school game without a note. If a child is picked up before the end of program, he/she will need to be signed out in the early release binder and the site coordinator needs to be notified. I assume responsibility for the safe return of my child to my home.

Community Field Trips: I give my child permission to attend EdGE sponsored local field trips. I understand that he or she will be traveling in transportation provided by the EdGE, either a school bus or van. If my child leaves the EdGE service area, I will be notified with a separate permission slip.

For Emergency Treatment: In case of serious illness, injury, or any emergency condition whatever, the parent or the emergency contact will be notified immediately by telephone. When such communication should fail, or when in any case delay will cause further, serious injury to the participant, the Director (or anyone appointed by them) shall have the authority to authorize any emergency medical or surgical procedure and the use of anesthesia deemed appropriate by any licensed physician. I understand that the cost incurred for sudden illness or injury shall be paid for by me.

I have read this form and accept the terms and conditions stated above.
I agree to promptly notify my student's site coordinator of any changes to the above information.

Parent/Guardian Signature _____ **Date** _____

Thank you for your time in completing this application. We look forward to working with you and your child.
We encourage you to contact your program's site coordinator with any questions or comments.
Our office number is 546-4466.