



THE WILLIAMS SCHOOL

AND

THE WILLIAMS SCHOOL EXTENDED DAY PROGRAM

EMERGENCY CONTACT INFORMATION AND POLICY AGREEMENTS

2011-2012

Child's Photo

Date: _____

Child's Name _____ Nickname _____ Date of Birth _____ Sex _____

Address _____

Chronic Physical Problems _____ Grade _____

PARENT(S)/GUARDIAN(S)

Father _____ Employer _____ Work Phone _____

Cell Phone _____

Home Address _____ Home Phone _____

Mother _____ Employer _____ Work Phone _____

Cell Phone _____

Home Address _____ Home Phone _____

Person(s) having legal custody of child _____

Home Address _____ Home Phone _____

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc. _____

Child's Physician _____ Phone: _____

Dentist _____ Phone: _____

Two people to contact if parents cannot be reached:

1. _____ Phone #1 _____ Phone#2 _____

Address: _____

Relationship to student: _____

2. _____ Phone #1 _____ Phone#2 _____

Address: _____

Relationship to student: _____

Person(s) authorized to pick up child _____

Person(s) NOT authorized to pickup child _____

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

PLEASE FILL OUT OTHER SIDE

AGREEMENTS

1. The Williams School agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the school.
2. The parent(s)/guardian(s) authorize The Williams School to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. Parent(s)/guardian(s) will assume full responsibility for all charges related to treatment.
3. I will notify The Williams School within 24 hours or the next school day after my child/children or any member of the immediate house hold has developed any reportable, school exclusion communicable diseases, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. Please see attached list and keep it for your information.
4. I have received and read the 2011-2012 Williams School Handbook and Extended Day/ Camp Williams Brochure, (programs licensed by the Virginia Department of Social Services) and agree to the terms and conditions, of the school Handbook and the Extended Day Brochure, should we use the program.

_____ Signature _____ Date

Permission to Play and conduct P.E. Classes on Olney Road Field

I give my permission for my child/children _____
To go to the city field on the west corner of Colonial Avenue and Olney Road during the school day and during Extended Day, after school, for the 2011-2011 school year. The front office has the school day schedule and during Extended Day, the front office will be notified and staff will have the Extended Day cell phone, 287-1875.

_____ Signature _____ Date

MEDICATIONS

Yes _____, No _____; _____ (initials)

School day hours from 8:05 a.m. – 3:15 p.m.

Please indicate whether or not you grant the school permission to administer over-the-counter medications (antacids, cough drops, triple antibiotic ointment, acetaminophen, ibuprofen, and Benadryl) to your child.

School day hours from 8:05 a.m. – 3:15 p.m. and Extended Day/Camp Williams

_____ Signature _____ Date

Any additional information you feel we may need to know about your child including health concerns, medications and medication dosages to be given during school hours.

I give my permission for my child's health information to be shared with other health care providers, in case of medical emergency.

_____ Date
Parent/Guardian Signature