



**SUMMER ADVENTURES AT THE WILLIAMS SCHOOL
SUMMER 2019
EMERGENCY CONTACT INFORMATION
AND POLICY AGREEMENTS**

Office Use

Child's Name _____ Nickname _____ Grade in August _____
Address _____ Date of Birth _____
City _____ State _____ Zip Code _____ Sex _____
Ethnicity _____

PARENT(S)/GUARDIAN(S)

Father _____ Employer _____
Cell Phone _____ Work Phone _____ Home Phone _____
Home Address _____
Email Address _____
Mother _____ Employer _____
Cell Phone _____ Work Phone _____ Home Phone _____
Home Address _____
Email Address _____
Person(s) having legal custody of child _____
Home Address _____ Home Phone _____

EMERGENCY INFORMATION

Child's Physician: _____ Child's Dentist: _____
Phone: _____ Phone: _____

EMERGENCY CONTACTS

Person 1: _____
Address: _____
Phone #1 _____ Phone#2 _____
Relationship to student _____

Person 2: _____
Address: _____
Phone #1 _____ Phone#2 _____
Relationship to student _____

PERSON AUTHORIZED/NOT AUTHORIZED TO PICK UP

MEDICAL NOTES

Allergies:
Medical Conditions:

PLEASE COMPLETE 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.
4. I give my permission for my child/children to ride on The Williams School bus to go to the Blocker Y for camp and swim lessons and attend camp sponsored field trips.

_____ Signature

_____ Date

CODE OF CONDUCT

"Honor before Honors" is the motto of The Williams School.

The Williams School expects all campers to treat campers and counselors respectfully. Bullying, excessive force, name calling, verbal abuses and obscenities are not tolerated.

Campers are to conduct themselves in an appropriate and safe manner whether on campus or on a field trip. If a camper's behavior is deemed inappropriate or unsafe, the program director will speak with the camper to identify the behavior and the consequences. If needed, the director will contact the camper's parents/legal guardians, and if necessary, we may ask that the camper be picked up immediately. Summer Adventures at The Williams School reserves the right to terminate enrollment for behavioral and/or disciplinary problems we determine to be persistently inappropriate or unsafe. Refunds will not be issued for termination related to behavior and conduct.

We understand the Code of Conduct for The Williams School.

_____ Camper signature

_____ Date

_____ Parent Signature

MEDICAL INFORMATION

- For over-the-counter medications that are parent supplied for Summer Adventures at The Williams School, the Commonwealth of Virginia, Department of Social Services, requires the Medication Administration Form to be filled out and signed by the parents.
- Prescription medications requires a completed Medication Administration form signed by the prescribing physician.
- A separate permission form must be signed for the administration of sunscreen and insect repellent. All forms may be downloaded from The Williams School website. Yes_____, No_____; _____(initials)

Any **additional information** you feel we may need to know about your child including health concerns, medical conditions, medications, and/or 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.

_____ Signature

_____ Date