

The GW Community School

Summer Register of Enrollment

Student's Name: _____ SS#: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student Cell Phone: _____

Father's Name: _____ Occupation: _____ Bus.#: _____

Father's Home Phone (if different from student): _____ Father's Cell Phone: _____

Mother's Name: _____ Occupation: _____ Bus.# _____

Mother's Home Phone (if different from student): _____ Mother's Cell Phone: _____

Emergency Contact: _____ Phone: _____

Relation to Student: _____

MEDICAL HISTORY (include allergic reactions; i.e. bee stings, etc.): _____

Health Insurance Co.: _____ Plan/Member #: _____ Phone #: _____

Date of last Tetanus Shot: _____ Date of Last Physical: _____

*In order to keep accurate records on students enrolled in our school who are on medication, we ask that you fill out the following information and return it to us. **Notice of a change of medication should be reported to the school immediately so that we can keep our records up to date on each child.** Please include medication dispensed at home.*

MEDICATION: _____ DOSAGE: _____

Dosage for 24-hour period: _____

Hours/times given over 24-hour period: _____

Reason for medication: _____

Specific reactions to the above medication that should be noted: _____

_____ **Please check if your child is not on medication at this time.**

OVER THE COUNTER MEDICATION PERMISSION

I hereby give permission for _____ to be given: _____

Tylenol Aspirin Ibuprofen Cough Drops Non-Drowsy Cough Medicine Non-Drowsy Allergy Medication

Dosage: _____

PERMISSION TO DISPENSE MEDICATION

I hereby authorize The GW Community School staff to dispense medication as needed. It is understood by the undersigned that The GW Community School shall not be held liable should the above-named student neglect to receive or refuse to take the prescribed medication in the proper dosage or at the stated time. It is further understood that all medications shall be sent to the school in a **standard prescription container** with a child safety cap and shall be **clearly labeled** with the student's name, prescribing doctor's name, name of the medication and dosage.

Parent/Guardian Signature

Date

I AGREE TO THE FOLLOWING CONDITIONS OF ENROLLMENT:

1. My child has permission to go on all **walking field trips** (Giant, King’s Park Library, King’s Park, etc.) and I understand that I may not be notified prior to the trip.
2. In the event of the need for medical attention for my child while at school, The GW Community School has my permission to provide the necessary school assistance.
3. In the event that my child has to be taken to the nearest emergency room of the nearest hospital and I cannot be contacted, the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.
4. In the event that staff suspects the presence of drugs, weapons, or alcohol, I give permission for random student clothed searches for the purpose of assuring the safety of students and staff at GW Community School. Students’ personal belongings and vehicles may also be subject to search.

Signature of Student *Date* *Signature of Parent/Guardian* *Date*

DISMISSAL PLAN: All students are required to have a dismissal plan on file. If your child is here after 3:00 pm and not involved with a supervised activity, he or she may be required to leave campus at 3:30 pm. Students at GWCS after 3:30 pm may be sent to off-campus locations. Listed below are locations in the area you may consider your child to wait for you or please indicate an alternate if you so desire.

My child can be dismissed to (please circle): McDonalds • King’s Park Library • Caribou Coffee • Alternate Location: _____

If I am unable to pick up my child by 3:30 pm, please telephone my emergency contact so that he or she can pick up my child.

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

PERMISSION TO RELEASE STUDENT TO PERSONS OTHER THAN GUARDIAN

I hereby authorize The GW Community School staff to release my child to the following parties:

Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell#: _____

Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell#: _____

Parent/Guardian Signature *Date*

PERMISSION TO GO OFF CAMPUS UNATTENDED

I/My child has permission to leave campus unattended before school hours, during lunch, or after school. I understand that permission to leave campus does **not** include driving or riding in cars. I further understand that this privilege may be suspended at any time at the discretion of GWCS faculty and staff.

Signature of Student *Date* *Signature of Parent/Guardian* *Date*