



## 2006-2007 EMERGENCY INFORMATION

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Home Address \_\_\_\_\_ Phone: \_\_\_\_\_  
(street, town, zip)

### INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
(street, town, zip) Cell Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
(street, town, zip) Cell Phone #: \_\_\_\_\_

### PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. \_\_\_\_\_  
(Doctor's Name, Address, Phone #)

### EMERGENCY CONTACT PERSON(S)

1. Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
(street, town, zip) Cell Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
(street, town, zip) Cell Phone #: \_\_\_\_\_

### MEDICAL EMERGENCY TREATMENT

I hereby give \_\_\_\_\_ permission to administer basic  
(Name of Program)  
first aid and/or CPR to my child \_\_\_\_\_ and/or take my child  
(Name of Child)  
\_\_\_\_\_, to a hospital for medical treatment when I cannot be reached or  
(Name of Child)  
when delay would be dangerous to my child's health.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

### INSURANCE INFORMATION (OPTIONAL)

Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Participating Hospital: \_\_\_\_\_

Special Instructions:  
\_\_\_\_\_

# SCHOOL AGE CHILD CARE CHILD'S ENROLLMENT FORM

Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Home Address: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_

Telephone: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Bus. Name: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

Bus. Phone #: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

In the event of illness, whom should we contact first?

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Bus. Name: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

Bus. Phone #: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

## ADDITIONAL INFORMATION

Please list any special interests or abilities your child may have: \_\_\_\_\_

Allergies/Special Diets: \_\_\_\_\_

Chronic health conditions: \_\_\_\_\_

Special Limitations or concerns: \_\_\_\_\_

Is there any other information you would like us to know about your child? \_\_\_\_\_

Current School: \_\_\_\_\_

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

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials** : \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**GROUP CHILD CARE AND SCHOOL AGE CHILD CARE  
FIRST AID AND EMERGENCY MEDICAL CARE  
CONSENT FORM 102 CMR 7.09(3)**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I authorize staff in the School's Out child care program who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_  
Chronic Health Conditions: \_\_\_\_\_

**Emergency Contacts (In order to be contacted)**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell# \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell# \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell# \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy# \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_ Phone(w) \_\_\_\_\_ Phone(h) \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_ Phone(w) \_\_\_\_\_ Phone(h) \_\_\_\_\_

I hereby authorize School's Out Personnel to apply the following topical solutions to my child(ren) when necessary: ***Please indicate by initialing below.***

\_\_\_\_\_ Eyewash (Saline solution)  
\_\_\_\_\_ Antiseptic wipe (Benzalkonium Chloride, USP, 1:750)  
\_\_\_\_\_ Sunblock, SPF 30

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



# TRANSPORTATION PLAN AND AUTHORIZATION

7.09(3) AND 7.12(1)

CHILD'S NAME: \_\_\_\_\_

## MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- UNSUPERVISED WALK
- SUPERVISED WALK (WHO \_\_\_\_\_)
- SCHOOL BUS DROP OFF
- PROGRAM BUS
- PROGRAM VAN
- PARENT DROP OFF
- OTHER (DESCRIBE \_\_\_\_\_)

## MY CHILD WILL DEPART FROM THE PROGRAM BY:

- PARENT PICK UP
- UNSUPERVISED WALK
- SUPERVISED WALK (WHO \_\_\_\_\_)
- PROGRAM BUS
- PROGRAM VAN
- OTHER (DESCRIBE \_\_\_\_\_)

I give permission for my child to be released from the program at the of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(If no one is authorized, please indicate below by writing "NO ONE")**

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ Cell# \_\_\_\_\_
2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ Cell# \_\_\_\_\_
3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ Cell# \_\_\_\_\_

**ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PHOTOGRAPH RELEASE

I, \_\_\_\_\_, authorize my child, \_\_\_\_\_, to be photographed by staff or newspaper photographers while participating in School's Out, Inc. activities. Photos may be used at School's Out, in the newspaper or on our website.

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## RELEASE FROM LIABILITY

In consideration of the availability of the program and for other mutual benefits, I accept any and all responsibility for and assume the risk of any and all injury or damage which might arise either directly or indirectly as a result of participation in any School's Out, Inc. program. I hereby release, discharge, and hold harmless from any liability whatsoever, School's Out, Inc. instructors, in their private and individual capacities as well as their capacities as representatives of School's Out, Inc., whether salaried or voluntary. I certify that I am familiar with the contents of this release and that I have read and understand the same and that it is my intention, by signing this release, that the same be binding not only upon me, but upon my heirs, administrators, executors, successors and assigns.

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## CHILD MEDICAL ALERT FORM

**\*\*\*If your child has an allergy/medical condition, please fill out this form.\*\*\***

Child's Name: \_\_\_\_\_

Has an allergy/medical condition \_\_\_\_\_

To assist us to appropriately and safely deal with a situation involving your child in this concern, please complete the following:

1. How do you normally handle this concern?
2. How would you like us to respond if this concern arises?
3. Is there anything that triggers or complicates the situation?
4. Is there anything that your child should avoid doing?
5. What is it/are there any medical limitations that we should be aware of?
6. Are there things that you find can make the situation worse?
7. Are there things that you find that can make the situation better?
8. Are there any non-emergency situations that you would prefer to be phone by a staff member about to alert you to a given situation?

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# OFF-SITE ACTIVITIES PERMISSION FORM

SACC Programs(s): School's Out, Kindergarten Enrichment

Address: 284 Bay Road, Hamilton MA 01982

Child's Name: \_\_\_\_\_

I, \_\_\_\_\_, without advance notice, give permission for my child to participate in daily "field trips" to the following locations as part of regularly scheduled programming:

- Patton Park – Hamilton MA
- Pingree Park – Wenham MA
- Winthrop School – Hamilton MA
- Hamilton/Wenham Public Library - Hamilton MA 01982

I, \_\_\_\_\_, with advance notice, give permission for my child to participate in scheduled "field trips" to the following locations:

- Beaches – Beverly MA, Ipswich MA, Gloucester MA]
- Bradley Palmer State Park – Topsfield MA
- Hamilton Fire Department – Hamilton MA
- Hollywood Hits Movie Theatres – Danvers MA
- Beverly Bowling Lanes – Beverly MA
- Ipswich River Wildlife Sanctuary – Topsfield MA
- Loew's Movie Theatres – Danvers MA
- Wenham Museum – Wenham MA
- Willowdale State Forest – Topsfield MA
- Cinema Salem – Salem MA
- Jordan's IMAX Movies

Permission slips for scheduled field trips to other locations will be provided as needed.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# **SCHOOL'S OUT, INC**

## **RESTRAINING ORDER/UNAUTHORIZED RELEASES**

I, \_\_\_\_\_, hereby state that my child,  
\_\_\_\_\_, shall not be released to the following people under any  
circumstances:

- 1.
- 2.
- 3.

Copies of restraining orders, separation and divorce decrees and other documents related to child custody must be provided.

## **RELEASE OF CONFIDENTIALITY**

I, \_\_\_\_\_, hereby authorize School's Out, Inc.  
**administrative and program personnel to discuss issues pertaining to my child,**  
\_\_\_\_\_, with the individuals/organizations below:

- 1.
- 2.
- 3.
- 4.
- 5.

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_