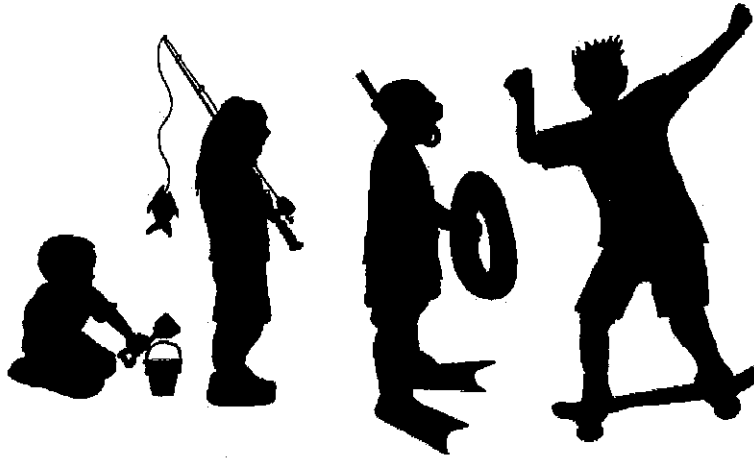


**FARMINGTON EXTENDED CARE & LEARNING**  
**SUMMER CAMP 2019**

**TUITION**



**Location for summer camp 2019: West Woods Upper Elementary School**

**ALL campers must submit enrollment forms, a registration fee, and first week's payment in order to attend.** The deposit will be applied to the account balance for the entire number of weeks reserved. Registration fees, deposit, and tuition are non-refundable. Each child must submit a reservation form for a **minimum of two weeks** of summer camp.

**DEADLINE TO REGISTER FOR CAMP IS JUNE 14, 2019**

**REGISTRATION FEES:**

Campers already registered for EXCL during the 2018-19 school year: \$20.00

New campers: \$40.00

**Camp begins June 24, 2019 and runs through August 16, 2019**

<u>Days</u>	<u>Weekly Tuition</u>	<u>Hours</u>
3	\$190	7:00am – 6:00pm
5	\$245	7:00am – 6:00pm

Weekly tuition includes two snacks per day. Parents must provide a nutritious lunch each day. For certain field trips there may be a fee charged to cover the cost of transportation. All fees are non-refundable.

Registration materials can be obtained through the Farmington Extended Care & Learning office, or the EXCL office at each Farmington elementary school. Registration forms, fees and deposit must be received before a child can attend the program. Payments should be made by check, payable to "Farmington EXCL". Please drop off or mail your completed registration information with payment to the Farmington Extended Care & Learning office at:

Farmington Extended Care & Learning  
1 Depot Place  
Unionville, CT 06085

**Space is LIMITED, so reserve your weeks today!**

***\*Waitlist - If the weeks you request are filled, you will be added to the waitlist and all fees will be returned. You will be notified if a vacancy occurs and have the option to enroll at that time.***

**FARMINGTON EXTENDED CARE & LEARNING**  
**SUMMER CAMP 2019**

**POLICIES & PROCEDURES**

Welcome to the Farmington Public Schools, Extended Care & Learning Summer Camp 2019! This summer our camp will be located at the West Woods Upper Elementary School. We hope your child will enjoy the many fun and exciting activities we have planned for the summer. Our camp staff is a wonderful mix of education professionals and college students working toward their careers in education. Every member of our team has some special talent or ability that will contribute to our "Summer Camp 2019" being a memorable experience for your children. All Site Supervisors from our school year EXCL programs also work during the summer to ensure consistency for our families. Please take a few moments to read the following information for our summer camp. If you should have any questions, now or during the course of the summer, please contact a Site Supervisor or the Farmington Extended Care & Learning office at (860) 404-0112.

**Attendance:**

If your child will not attend due to illness or alternative activities, please call the summer camp office to inform the camp supervisors. **The camp phone number is (860) 404-0112 PRESS #2.** *Tuition will not be prorated for absences or holidays.* Each camper's tuition covers the entire camp day, from 7:00 AM - 6:00 PM. There is no early or late childcare fees charged unless a child is in attendance **prior to 7:00 AM or after 6:00 PM.** **In this case only, there is an additional fee of \$1 per minute, per child due at the time of drop off or pick up, respectively.**

**Enrollment:**

Any child attending first grade to eighth grade in the Farmington Public Schools for the 2018-2019 school year is eligible to register for camp. Summer camp will run from June 24, 2019 through August 16, 2019.

**Registration:**

All campers must submit a completed reservation form, the registration fee and a deposit for your first week's tuition to reserve a spot in the summer camp program. If you are new to Farmington Public Schools or the EXCL program, registration materials will include an Emergency Notification Card, Reservation Form and Enrollment Forms. **Campers must be registered for at least two weeks during the summer.** The weeks of attendance must be noted on the reservation form. Additional weeks can be added if space allows. Once received and processed by the EXCL office staff, campers will receive a camp T-shirt. **There are no refunds on registration, deposit and tuition fees. For families who are with us during the school year, we cannot register a child for summer camp until tuition for the 2018-2019 school year is paid in full. Your late registration may require an administrative wait of two business days for your child to be actively enrolled.** If you are looking to add or change any weeks or days, you must communicate with a camp supervisor at (860) 404-0112 PRESS 8, by the Wednesday the week prior to the changes needed.

**Tuition:**

Tuition may be paid on a weekly basis or in full for all reserved sessions. If paying weekly, tuition is due on the preceding Friday of each session. If paying for the entire summer, tuition is due in advance of the time reserved. All deposits will be applied to the total balance due for summer camp. We do not prorate tuition for holidays (Independence Day), vacations or illness. Once a reservation form is received, a space is reserved for your child. **Tuition is due for all time reserved. Additional weeks may be added on a space available basis only. Summer camp tuition must be paid in full prior to the 2019-2020 school years.**

**Toys from home, electronic devices and cell phones:**

Please do not allow children to bring in toys or electronic devices (i.e., stuffed animals, handheld gaming systems, smartphones, tablets, etc.) from home. Our staff cannot be responsible for any lost, stolen, broken toys or electronic devices.

### **Behavior Responsibilities:**

All campers are expected to conduct themselves with courtesy, cooperation, and respect for fellow campers and staff. Serious issues, such as fighting, deliberately hurting another child or adult, stealing, **using inappropriate language or threatening words**, using racial/ethnic slurs, challenging the authority of an adult or being openly defiant will result in a minimum **one-week** suspension from camp. Any pre-paid camp fees will be refunded on a prorated basis from the date of suspension. Continued disruptive, harmful or inappropriate behavior may result in expulsion from all remaining weeks of camp. In the event of a suspension or expulsion, parents will be **called to immediately** pick up their child.

### **Clothing:**

Campers should wear comfortable clothing: washable and cool for those hot summer days! We will enjoy air-conditioned classrooms; therefore a light sweater or sweatshirt may be needed on some days. Sneakers are the safest shoes for active play. **Please do not send your camper in backless sandals or flip-flops**, as these can be very dangerous for young feet and ankles! On swimming days, please send a bathing suit and towel with your camper. All clothing, backpacks and accessories must be clearly marked with your child's name. Camp staff cannot be responsible for lost clothing. All clothing and personal items should remain in the camper's backpack until needed. Campers will receive one camp T-shirt. Additional camp T-shirts are available for purchase.

### **Field Trips:**

All campers will have the opportunity to participate in fun, educational field trips during summer camp. For safety reasons, **all campers must wear the camp T-shirt on field trips**. We may have to limit participation for campers who forget their T-shirts. The entire camp population will attend our field trips unless your child is involved in another summer school program (i.e. Summer Exploration Academy, etc.) at which time he/she will not attend a scheduled EXCL field trip unless previously arranged by the child's parents in writing. Staff will not be available at the site should children arrive late for a trip. **A camper may lose the privilege of attending field trips if disruptive or dangerous behavior has previously been exhibited during camp activities or on field trips**. Tuition will not be prorated for campers who need to be sent home and parents/guardians are responsible for making alternative child care arrangements for the day. **For both safety and supervisory reasons, please do not make arrangements to drop off or pick up your child from a field trip or swimming as it is difficult to keep track of children coming and going. Our security system also becomes compromised as we must keep careful track of exactly who is picking children up and if they are authorized to do so.**

### **Camper Pick-Up:**

Campers can only be picked up from West Woods Upper Elementary school for security reasons. Staff cannot release children from a field trip or swimming location. An adult must sign each child into and out of camp each day. If your child will attend the Reading, Writing & Math Workshop at Irving A. Robbins, or any other program offered by the Farmington Public Schools, please notify a camp supervisor and supply a copy of the registration form; sign in and out procedures will be modified for those children only. Please use the RIGHT side entrance at West Woods Upper Elementary School. (See picture on the next page)

### **Lunch/Snacks:**

Please send a nutritious lunch for your child each day. Lunch should be packed in a lunch box, or paper bag, with your child's name clearly visible. Please supply any utensils your child may need for his/her lunch, i.e. forks, spoons. **Due to limited kitchen access, we will not be able to heat lunches or refrigerate them**. Each child will receive two snacks per day, including juice or milk. A snack schedule will be posted for parents and campers. **Parents should carefully review the snack calendars, snack ingredients and packaging in the event a camper has a food allergy.**

If you would like your child to have a snack sent from home, just let the camp staff know and we'll make sure he/she receives it at the appropriate time. Approximate snack times will be at 9:00 AM and 3:00 PM, depending on field trips and other activities.

### **Sunscreen/Medications:**

Any sunscreen products brought to camp must be labeled with the camper's name. Children, other than siblings, may not share sunscreen products. Camp staff will remind campers when it might be time to apply sunscreen, but each camper will apply their own during the course of the day.

**All medications must be in the original prescription bottle, labeled with the child's name, and appropriate orders from the physician must be submitted.** Please ensure you have updated your child's emergency card in the unlikely event that we need to contact you.

**Lost and Found:**

All of the articles of clothing left behind during the weeks will be put out for parents to inspect and take home on a designated table in the front entrance of the camp. At the end of camp, any article of clothing, or accessories left behind will be donated to a local charity.

**Parking and Building Access:**

**Please enter West Woods Upper Elementary School through the front entrance.** All other school doors will remain locked during the day. **Each child must be signed into and out of the program,** please allow for extra time as dropping your child off or picking him/her up might take a few minutes. Please park in designated parking spaces only. **Do not park in fire lanes or along the sidewalks in the student drop off or pick up areas.** These are not parking areas and cars may be ticketed.

**Farmington Extended Care & Learning Policies and Procedures:**

**All other Farmington Extended Care & Learning policies and procedures that are found in the Farmington Extended Care & Learning Parent Handbook, given to all families when they first enroll in EXCL, remain in effect during the summer camp.** To request an additional copy of the Parent Handbook please contact the EXCL Office at (860) 404-0112 press #1.

*"It is the policy of the Farmington Board of Education that no person shall be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program, including employment, on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, past/present history of mental disorder and /or physical disability".*

**FARMINGTON EXTENDED CARE & LEARNING  
SUMMER CAMP 2019 - RESERVATION FORM**

Reg. Fee: \_\_\_\_\_  
 Check It: \_\_\_\_\_  
 Rcv'd: \_\_\_\_\_  
 1<sup>st</sup> week Dep: \_\_\_\_\_  
 Check it: \_\_\_\_\_  
 Rcv'd: \_\_\_\_\_  
 \_\_\_\_\_ Spreadsheet  
 \_\_\_\_\_ Confirmation

Enroll \_\_\_\_\_ for the following weeks: *(minimum of two weeks)*  
 (Camper's Name)

**SUMMER CAMP TUITION: 5 DAYS = \$245/week, 3 DAYS = \$190/week**  
 Enrollment is on a first come, first served basis - limited space available.

Please check either the 3-day or 5-day program for the weeks you wish to reserve, then circle the days of the week your child will be attending:

\*Swimming Days- Lake House (Grade 1-3) Tuesdays/Beach House(Grades 4-7) Thursdays; 12:30 - 3:30 pm

\*All field trips are offered on Wednesdays. EXCL will be closed on July 4<sup>th</sup>.

**\*FIELD TRIPS SUBJECT TO CHANGE**

<b>WEEK #1</b>	JUNE 24 – JUNE 28	<input type="checkbox"/> 5 DAYS	<input type="checkbox"/> 3 DAYS	<b>M T W Th F</b>	Amt. Due \$ _____
	<i>Theme: Outer Space</i>	<i>Field Trip (1/2 Day): CT Science Center - ALL CAMP</i>			
<b>WEEK #2</b>	JULY 1 – JULY 5	<input type="checkbox"/> 5 DAYS	<input type="checkbox"/> 3 DAYS	<b>M T W F</b>	Amt. Due \$ _____
	<i>Theme: Party in the USA</i>	<i>Field Trip (1/2 Day): Wickham Park - ALL CAMP</i>			<i>*CAMP is closed July 4<sup>th</sup></i>
<b>WEEK #3</b>	JULY 8 – JULY 12	<input type="checkbox"/> 5 DAYS	<input type="checkbox"/> 3 DAYS	<b>M T W Th F</b>	Amt. Due \$ _____
	<i>Theme: Goin' Green</i>	<i>Field Trip (1/2 Day): WH Children's Museum- LAKE HOUSE Lessard Lanes - BEACH HOUSE</i>			
<b>WEEK #4</b>	JULY 15 – JULY 19	<input type="checkbox"/> 5 DAYS	<input type="checkbox"/> 3 DAYS	<b>M T W Th F</b>	Amt. Due \$ _____
	<i>Theme: Construction Zone!</i>	<i>Field Trip (1/2 Day): Lessard Lanes- LAKE HOUSE Collinsville Canoe &amp; Kayaking - BEACH HOUSE</i>			
<b>WEEK #5</b>	JULY 22 – JULY 26	<input type="checkbox"/> 5 DAYS	<input type="checkbox"/> 3 DAYS	<b>M T W Th F</b>	Amt. Due \$ _____
	<i>Theme: Color Games!</i>	<i>NO Field Trip: Kids Day at West Woods with in-house events - ALL CAMP</i>			
<b>WEEK #6</b>	JULY 29 – AUG. 2	<input type="checkbox"/> 5 DAYS	<input type="checkbox"/> 3 DAYS	<b>M T W Th F</b>	Amt. Due \$ _____
	<i>Theme: International Week!</i>	<i>Field Trip (Full Day): New Britain Bees Baseball Game - ALL CAMP</i>			
<b>WEEK #7</b>	AUG. 5 – AUG. 9	<input type="checkbox"/> 5 DAYS	<input type="checkbox"/> 3 DAYS	<b>M T W Th F</b>	Amt. Due \$ _____
	<i>Theme: Rock Stars</i>	<i>Field Trip (Full Day) : Black Rock State Park - LAKE HOUSE, Rocky Neck State Park - BEACH HOUSE</i>			
<b>WEEK #8</b>	AUG. 12 – AUG. 16	<input type="checkbox"/> 5 DAYS	<input type="checkbox"/> 3 DAYS	<b>M T W Th F</b>	Amt. Due \$ _____
	<i>Theme: Super Heros</i>	<i>Field Trip (Full Day): Six Flags New England - ALL CAMP</i>			

**Registration Fee:**

My child was registered for EXCL during the 2018-19 school year(Camp Reg. Fee = \$20)

My child was **NOT** registered for EXCL during the 2018-19 school year (Camp Reg. Fee = \$40)

Total Tuition Cost \$ \_\_\_\_\_  
 (+) Registration Fee \$ \_\_\_\_\_  
 (=) Grand Total \$ \_\_\_\_\_  
 (-) Less Deposit Enclosed \$ \_\_\_\_\_  
**(=) TOTAL AMOUNT DUE \$ \_\_\_\_\_**

**PLEASE NOTE THE FOLLOWING:**

Registration cannot be processed without a registration fee, a deposit of your first week's tuition and the completed registration paperwork. The EXCL office will complete the form and send back a copy for your records. Summer Camp tuition covers the entire camp day, from 7:00am to 6:00pm. Tuition is due for all the times reserved; additional weeks can be added on a space available basis only. Fees and tuition due for all dates reserved are non-refundable and we do not prorate tuition for holidays (Independence Day), vacations or illness. Late registrations will require an administrative wait of 2 business days and additional fees for your child to be actively enrolled.

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

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



**FARMINGTON EXTENDED CARE & LEARNING**  
**SUMMER CAMP 2019**



Farmington Extended Care & Learning

*Summer Learning Academy/Enrichment & Performing Arts Academies Combinations*

My child, \_\_\_\_\_, is attending the EXCL Summer Camp along with the following Summer Learning Academies, Enrichment programs and/or Performing Arts Programs:

<b>PROGRAM</b>	<b>(Please Check)</b>
<b>Summer Exploration Academy (SEA)</b> <ul style="list-style-type: none"> <li>• June 24th- July 12th- 8:15 am-12:15 pm</li> </ul>	_____
<b>Reading, Writing &amp; Math Workshop (RWM)</b> <ul style="list-style-type: none"> <li>• July 1 - July 25th- 9 am-12 pm</li> </ul>	_____
<b>ESY (Academic Tutoring/Collaborative Social Skills)</b> <ul style="list-style-type: none"> <li>• July 1st- July 25th- 8:00 am-11:00 am</li> </ul>	_____
<b>SLC</b> <ul style="list-style-type: none"> <li>• July 1st- August 8th- 8:30 am-1:30 pm</li> </ul>	_____
<b>Band Academy (Gr. 6-7)</b> <ul style="list-style-type: none"> <li>• June 24th- July 3rd- 8:30 am-12:30 pm</li> </ul>	_____
<b>Suzuki Strings Academy (Gr. 3-7)</b> <ul style="list-style-type: none"> <li>• July 15th-August 2nd- 8:30 am- 12:30pm</li> </ul>	_____
<b>Musical Theatre Academy (Gr. 2-7)</b> <ul style="list-style-type: none"> <li>• July 15th-August 2nd- 12:30 pm- 4:30pm</li> </ul>	_____
<b>FIRST LEGO League Junior Challenge (Gr. 1-4)</b> <ul style="list-style-type: none"> <li>• July 1st-3rd- 9am- 12pm</li> </ul>	_____
<b>FIRST LEGO League Gr. 5-7)</b> <ul style="list-style-type: none"> <li>• July 1st-3rd- 1pm- 4pm</li> </ul>	_____
<b>Motion, Balance &amp; Creativity Academy AM (Gr. 5-7)</b> <ul style="list-style-type: none"> <li>• June 24th-June 28th- 9 am -12 pm</li> </ul>	_____
<b>Motion, Balance &amp; Creativity Academy AM (Gr. 2-4)</b> <ul style="list-style-type: none"> <li>• June 24th-June 28th- 12:30 pm- 3:30 pm</li> </ul>	_____
<b>Jr. Food Explorers (Gr. 2-4)</b> <ul style="list-style-type: none"> <li>• June 24th-June 28th- 9 am -12 pm</li> </ul>	_____
<b>Jr. Food Explorers (Gr. 5-7)</b> <ul style="list-style-type: none"> <li>• June 24th-June 28th- 1pm -4:00 pm</li> </ul>	_____
<b>TEAM ELEKTRA FOR GIRLS by Young Hacks Academy (Gr. 6-7)</b> <ul style="list-style-type: none"> <li>• July 8th-July 12th- 9am-4pm</li> </ul>	_____

**SUMMER CAMP 2019 - ENROLLMENT FORM**

**CAMPER INFORMATION:**

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Elementary School \_\_\_\_\_ Grade **next fall** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

Parent(s)/Guardian(s) are (circle one): Single Married Separated Divorced

Court Order(s) (circle one): Yes No

*\*If there is a court order, please supply a copy for our confidential files.*

**MEDICAL INFORMATION:** Please list any known allergies and/or medication for your child

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Special personal/medical needs for your child: \_\_\_\_\_

Will medication be needed while at EXCL Summer Camp (circle one): Yes NO

**TUITION PAYMENTS:**

Please list the name(s) of the person(s) responsible for tuition payments:

Name Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZATION LIST FOR CAMPER PICK-UP:**

Other than Parent/Guardian, the following adults (must be 18 years of age) are authorized for student pick-up:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

*\*Adults authorized for student pick-up will be asked for a picture ID upon arrival.*

**Photography Permission:**

I **DO / DO NOT** (circle one) give permission for my child to be photographed by EXCL for program use, and or the news media to publish those photographs.

**FIELD TRIP PERMISSION:**

My child **MAY / MAY NOT** (circle one) attend the EXCL summer camp field trips and swimming days. I give the EXCL Summer Camp staff permission to take whatever medical action might be necessary in the event of a medical emergency while off site.

**TERMS OF ENROLLMENT:**

I have read the Farmington Extended Care & Learning Summer Camp policies and procedures and agree to accept them:

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

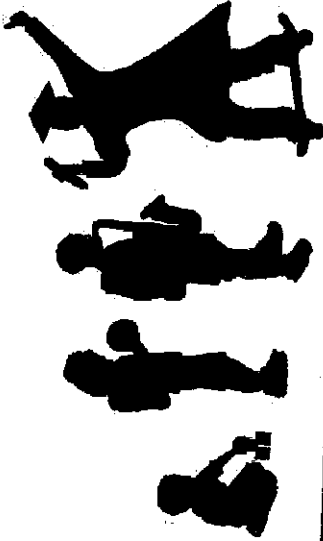
Parent/Guardian Printed Name \_\_\_\_\_



# another darn form

The truth is we don't like forms much but our insurance company requires this one.

Welcome to Big Sky! We hope to make Big Sky the best darn fitness experience you've EVER had.



Farmington Extended Care & Learning

## Swimming Pool Waiver

Name \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name

Parent/Guardian Signature

**RELEASE OF LIABILITY:** In consideration of being allowed to participate in any way in Big Sky's programs, related events and activities, I warrant and represent that I have no disability, impairment, or ailment preventing me from engaging in active or passive exercise or activity that will be detrimental or injurious to my health, safety, or physical condition.

I furthermore acknowledge, appreciate, and agree that 1) the risk of injury from activities involved in this program is significant, including potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and, 2) knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releasor or others, and assume full responsibility for my participation; and 3) I willingly agree to comply with the stated and customary terms and condition for participation. If, however, I observe an unusual or significant hazard during any presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and, 4) I, for myself and on behalf of my heirs, assigns, personal representatives and best of kin, hereby release and hold harmless Winner's Circle, Inc. dba Big Sky, their officers, officials, agents, its landlord, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasor"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from negligence of the releasor or otherwise, to the fullest extent permitted by law.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Farmington Public Schools**  
**SUMMER LEARNING ACADEMY**

1 Monteith Drive, Farmington, CT 06032

**STUDENT EMERGENCY INFORMATION FORM**

A parent/guardian of ANY enrolled student under the age of 18 must complete this entire dual-sided form.  
To be kept on file in the summer Health Office.

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_  
Lives with: Both Parents      Mother  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_      Father      Guardian      Other  
Email Address: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Please list contact information for the child's parent(s)/guardian(s) should someone need to be reached in the event of an emergency.*

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**ALTERNATE CONTACT INFORMATION**

*Please list alternate contacts should the parent(s)/guardian(s) not be available in the event of an emergency. Those listed are also authorized to pick up your child. At least one person must be listed. Photo verifying ID is required.*

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**UNAUTHORIZED INDIVIDUAL(S)**

*Please list the name of any individual(s) who are not authorized to pick up your child. Please include a copy of any court orders/photos if necessary. If you complete this section, an SLA administrator will be reaching out to you for further information.*

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**ALLERGY & MEDICAL INFORMATION**

In case of accident or serious illness, I give permission that the standing orders for emergency procedures will be followed. I request the school contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Preferred Hospital: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 Group#: \_\_\_\_\_ ID#: \_\_\_\_\_

**Allergic to:**

- N/A
- Bee Stings
- Medication: \_\_\_\_\_
- Food: \_\_\_\_\_
- Other: \_\_\_\_\_

**Medical concerns:**

- N/A
- Asthma (treated with nebulizer or inhaler)
- Diabetes
- Seizure Disorder
- Other: \_\_\_\_\_

Special Services: IEP \_\_\_\_\_ 504 \_\_\_\_\_

**MEDICATIONS & PROCEDURES**

\*List any medication or procedures (tube feedings, etc.) that need to be administered **DURING SUMMER PROGRAM HOURS** (including name and dosage). A current **physician's medical authorization form** must be submitted for any medications or procedure listed below; otherwise the medication or treatment cannot be administered. **Forms MUST be submitted prior to the start of your child's summer program in order for your child to attend.**

Might your child require any medication throughout the course of the the summer?: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is there any emergency medication prescribed (e.g. EpiPen, Glucagon etc.): Yes \_\_\_\_\_ No \_\_\_\_\_

Medication	Procedure	Administration Time and Dosage (per order)

I hereby request the medication listed above be administered to my child by the school nurse in accordance with State regulations and the Farmington Public Schools standing orders. \*

**Summer staff and nurses DO NOT have access to your child's school medical record therefore it is your responsibility to notify summer staff of any and all medical concerns that might impact him/her during this program by listing them below. If your child requires routine medications, emergency meds, a G-tube feeding, or other specific treatments, consult your current school nurse PRIOR to the end of the school year to verify that you have the proper forms to be signed by your medical provider (to be attached to this application) and supplies (spacers, feeding equipment, etc.) in order. This form MUST be completed in its entirety.**

Please share any additional concerns or issues that you have about your child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_