

Black Diamond Middle School After School Program



I/We give my child permission to participate in the 2017-2018 After School Program at Black Diamond Middle School.

Student Name	Grade	Date of Birth	Student ID#
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Guardian's Name (please print)	Signature	Today's Date
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Home Address	City	Zip
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Home Phone	Work Phone	Cell Phone
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Please list the names and grades of any siblings who may also attend the program:

Student Name/Grade	Student Name/Grade	Student Name/Grade
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STUDENT RELEASE / PICK-UP POLICY

As parent/guardian, I/we understand that the After School Program will begin immediately after school and will end at 4:15 p.m.* In order to be released early from the program on any given day, the student **MUST** be signed out by one of the above-named parents/guardians on application or be one of the individuals listed below. No student will be signed out to anyone under the age of 18 and to anyone not listed on the approved pickup list unless the parent(s)/guardian have contacted the coordinator in advance.

_____ I authorize the following people to pick up my child(ren) from the After School Program when I am not able to do so. I understand that the authorized people must show a picture I.D. and be over the age of 18 before my child(ren) will be released from the After School Program.

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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*Some programs may extend longer than 4:15, please consult program coordinator for specific times.

EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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*Please note that the individuals listed as the emergency contact will be considered approved to sign your student out of the program.

Does your child have any allergies or health concerns? _____Yes _____No

Please list allergies or health concerns: _____

Medication Taken: _____

Does your child have health coverage? _____Yes _____No

Medical Insurance Name	Primary Insured's Name	Policy Number
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Name of Child's Doctor	Address	Telephone Number
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Name of Child's Dentist	Address	Telephone Number
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*In case of an emergency involving my child, I/we give permission for the After School Program staff to furnish and/or obtain emergency medical treatment for my child and to act as a guardian in permitting medical treatment if unable to reach me/us.

I/we understand that Black Diamond Middle School does not pay for accident injuries to student. No-cost local, state or federally sponsored health insurance is available for eligible families. I/We may call 1(800)880-5305 for more information on eligibility. I/We understand that all emergency and/or medical costs are my responsibility.

Signature of Parent/Guardian	Date
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