

**DSD Extended School Day Program for  
South Clearfield Elementary  
Parent Authorization/Agreement Form**

School: South Clearfield Elementary	Date: _____
<b>Family Name:</b> _____	
Student #1 _____	Student #3 _____
Student #2 _____	Student #4 _____
<b><u>Financial Agreement:</u></b> As a Parent/Legal Guardian I agree to pay _____ tuition for services rendered by DSD Extended School Day program at _____ Elementary. Tuition is due before the 1 <sup>st</sup> Friday of each month. Late charges will apply. Please make checks payable to the South Clearfield Elementary School. If Payment is not received by the First Friday of each month your child may be removed from the program. Parent/Legal Guardian initial: _____	
<b><u>Transportation:</u></b> As a Parent/Legal Guardian I give consent to have my student(s) leave the program premises for off-site activities. I understand there may be walking field trips. The program will provide bus transportation for all other field trips. Parent/Legal Guardian will be provided advanced notification of all field trips and a permission slip will be signed before the student(s) may attend. Parent/Legal Guardian initial: _____	
<b><u>Photo/Media Release:</u></b> As a Parent/Legal Guardian I give permission to use photographs taken of my student(s) during program time, to be used in different media formats to communicate with school, community and other stake holders. Parent/Legal Guardian initial: _____	
<b><u>Parent Authorization:</u></b> As a Parent/Legal Guardian I give permission for my student(s) to attend the DSD Extended School Day program. I release the program from any and all liability while my student(s) is participating in the program. I understand that it is my responsibility to sign my student(s) <u>in</u> during the Before School program and to sign my student (s) <u>out</u> during the After School program. I understand that it is my responsibility to arrange transportation to and from the program. I understand that there may be late fees if I am late picking my student(s) up from the program. I have read and understand the policies and procedures, as stated in the Parent Handbook, for the DSD Extended School Day program and agree to abide by those stated. I understand that my student(s) must abide by the program standards, as set by the program. I understand that parent or student non-compliance can result in expulsion from the DSD Extended School Day program. Parent/Legal Guardian: _____ Date _____ Print name: _____	
<b><u>Student Agreement:</u></b> I agree to uphold and support all rules and guidelines established by the DSD Extended School Day program in order to provide a safe and fun environment for all participants. I understand that if I do not follow the guidelines, I may be dismissed from the program. <b>Student Signature(s):</b> Student #1 _____ Student #3 _____ Student #2 _____ Student #4 _____	

**DSD Extended School Day Program for  
South Clearfield Elementary  
Student Health Information**  
(Please complete one form per student)

<b>Participant Information</b>		
Student Last Name:	Student First Name:	Date:
<p style="text-align: center;"><b>NO STUDENT HEALTH CONCERNS</b></p> <p>To the best of my knowledge, my student has no health concerns. I will notify the staff if my student develops health concerns during the school year.</p> <p>Parent/Legal Guardian signature: _____ Date: _____</p>		
<b>Health Information</b>		
<p>Does your child have any allergies? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Bee Stings? <input type="checkbox"/> yes <input type="checkbox"/> no    Does your child carry an Epi-Pen? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Food Allergies? <input type="checkbox"/> yes <input type="checkbox"/> no Please specify: _____</p> <p>Medication Allergies? <input type="checkbox"/> yes <input type="checkbox"/> no Please specify: _____</p> <p>Does your child have asthma? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>What causes the onset of your child's asthma? _____</p> <p>Does your child carry an inhaler? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Are there any other special conditions, disabilities, or medical information that would help provide a quality experience for your child in the DSD Extended School Day program?</p> <p>Please specify: _____</p>		
<b>Emergency Medical Information/Authorization</b>		
Student Physician:	Physician's Phone Number:	
Insurance Company:	Policy Number:	
<p>In the event of a major medical emergency, I understand that 911 will be called. If necessary, my student will be transported by ambulance to the hospital of my choice, unless a paramedic or medical personnel recommends that my student be taken to the nearest hospital. Preferred hospital: _____</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no    Parent/Guardian Initial: _____</p> <p>In the event that I cannot be contacted, I give consent for the emergency contact person listed on the student registration form, to act on my behalf until I can be reached.</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no    Parent/Guardian Initial: _____</p> <p>As a parent/legal guardian of the above named child, I give consent to have my student receive minor first aid (bandages, ice packs, cleaning minor scraps, etc.) by a DSD Extended School Day staff.</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no    Parent/Guardian Initial: _____</p>		
<p>I certify that the information listed on this health information form has been completed to the best of my knowledge and that my student is in good health and free from disabilities that would endanger him/her or other children. I will update information as needed.</p> <p>Parent/Legal Guardian signature: _____ Date: _____</p> <p>Print Name: _____</p>		

School: South Clearfield Elementary		Start Date		End Date		_____ Before School _____ After School	
#1 Student Last Name:		Student First Name:		Birth date:		Grade : Teacher:	
Ethnicity: _____ Non-Hispanic _____ Hispanic Race: _____ White _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander <i>*Information used for grant purposes only: optional</i>							
#2 Student Last Name:		Student First Name:		Birth date:		Grade : Teacher:	
Ethnicity: _____ Non-Hispanic _____ Hispanic Race: _____ White _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander <i>*Information used for grant purposes only: optional</i>							
#3 Student Last Name:		Student First Name:		Birth date:		Grade : Teacher:	
Ethnicity: _____ Non-Hispanic _____ Hispanic Race: _____ White _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander <i>*Information used for grant purposes only: optional</i>							
#4 Student Last Name:		Student First Name:		Birth date:		Grade : Teacher:	
Ethnicity: _____ Non-Hispanic _____ Hispanic Race: _____ White _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander <i>*Information used for grant purposes only: optional</i>							
<b>Parent/Legal Guardian Contact Information:</b>							
First Name:		Last Name:		E-mail address:			
Home Phone Number:		Cell Phone Number:		Work Phone Number:			
Home Address:			City:		Zip:		Authorized to pick student(s) up? ____yes ____no
Employer:		Employer Address:			Employer Phone Number:		
First Name:		Last Name:		E-mail address:			
Home Phone Number:		Cell Phone Number:		Work Phone Number:			
Home Address:			City:		Zip:		Authorized to pick student(s) up? ____yes ____no
Employer:		Employer Address:			Employer Phone Number:		
<b>Authorized Alternative Contact(s) Other Than Parent/Guardians</b>							
First Name:		Last Name:		Relationship to Student:		Home Phone: Cell Phone:	
Address:		City:		Work Phone Number:		Authorized to pick student(s) up? ____yes ____no	
First Name:		Last Name:		Relationship to Student:		Home Phone: Cell Phone:	
Address:		City:		Work Phone Number:		Authorized to pick student(s) up? ____yes ____no	
First Name:		Last Name:		Relationship to Student:		Home Phone: Cell Phone:	
Address:		City:		Work Phone Number:		Authorized to pick student(s) up? ____yes ____no	