



Internal Use Only:

- Transportation Needed
- Scholarship Approved
- Scholarship Denied

Participant Form for Summer

Date: _____

Child's Information:

Child's First Name: _____ MI: _____ Last Name: _____

Address: _____ Home Phone: _____

Birthdate: _____ Gender: _____ Race/Ethnicity: Check all that apply American Indian/Alaskan Native

Asian/Pacific Islander Black/African American Hispanic/Latino White/Caucasian

Does your child receive Special Education Services? Y ___ N ___ Does your child currently have an IEP? Y ___ N ___

Is your child considered an English Language Learner student?: Yes ___ No ___

Does your child currently receive free lunch?: Yes ___ No ___ Reduced lunch?: Yes ___ No ___

Age: _____ Grade: _____ School: _____ Teacher _____

Parent Email: _____

Parent/Guardian Information:

Mother/Guardian: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father/Guardian: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Contact (other than parent/guardian): _____ Relationship: _____

Phone: _____

Medical Information:

Child's Physician: _____ Date of Last Physical Exam _____ Immunizations Current? Yes ___ No ___

Phone #: _____ Child's Dentist: _____ Phone #: _____

Does your child have any special medical or behavioral concerns that we should be aware of? (please fill out medication section on lower portion of 2nd page if medication is to be administered during program hours): _____

Program Departure Information:

Child allowed to walk home: Yes ___ No ___

Bus transportation needed: Yes ___ No ___

Persons authorized to pick-up child: Mother/Guardian Yes ___ No ___ Father/Guardian Yes ___ No ___

Please list any others that will be allowed to pick up your child from our programs:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

Persons NEVER authorized to pick-up child:

Release/Liability Clause: I, the parent/guardian of the above child, give permission for my child to participate in Project EXTRA! extended day activities and including transportation. I understand that accidents are possible. I understand that by allowing my child to participate in Project EXTRA! extended day activities, I have released Project EXTRA! through Laconia School District, P.A.C.T. (Parents and Children Together), or other associates of the programs, from all liability for any injury, loss or damage connected in any way with my child's participation in activities related to Project EXTRA! extended day programs, whether on or off any Laconia, NH school premises including transportation. I understand that this release includes any claims based on negligence, action or inaction of Laconia School District and other associates of Project EXTRA! extended day activities.

Medical Treatment: I give permission for the Project EXTRA! staff or volunteers to provide minor emergency medical treatment for my child or to call 911 for more severe medical emergencies. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician. I agree to make any medical or behavioral concerns known to the Project EXTRA! Program Director via written description.

Property Loss: Project EXTRA! through Laconia School District and P.A.C.T., is not responsible for personal property lost, damaged, or stolen during Project EXTRA! extended day activities.

Rules/Regulations: I acknowledge my child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of all participants and staff, and that failure to comply could exclude my child from participation in the Project EXTRA! extended day activities.

Photograph Permission: I give permission for Project EXTRA! to use, without limitation or obligation, photographs, voice recordings, or film footage for program use and/or for purposes of occasionally promoting Project EXTRA! extended day activities.

Signature of Parent/Guardian: _____ Date: _____

(For Office Use: Date received: _____)

Permission to administer medication:

Please complete the information below if your child is on prescription medicine or other types of medication (including aspirin and other types of non-prescription meds) and if they will need to have that medication administered during program hours (please send a permission slip to the Project EXTRA! Site Coordinator at each school if a need arises for a child to receive meds after the program begins):

Child's Name _____

Prescription Name _____

Date of Prescription _____

Medication being given for _____

Time medication is to be given by staff _____

Time medication last given by parent _____

Amount to be given at each time (dosage) _____

Any further instructions regarding the administration of medication to your child _____

I give my permission for the Project EXTRA! staff to administer the above medications/prescriptions (according to my written guidelines) to _____.

Child's Name

I understand that the staff cannot be held responsible for allergic reactions or other complications resulting from administration of the above medication given according to my written guidelines

Signed _____ Date _____

Parent/Guardian