

FIELD TRIPS: Parent(s) are notified prior to the event of a field trip, and a permission slip must be signed in order for the child to attend the event. In the event that I have been notified, I hereby: **give** **do not give** my consent for my child to take part in any scheduled field trip.

WATER ACTIVITIES: I hereby give my consent for my child to participate in the following water activities: (please check all that apply) **sprinkler play** **water table play** **splashing/wading pools** **swimming pools**

NUTRITION AGREEMENT: I acknowledge that I am responsible to provide a nutritious lunch for my child each school day, and that the ACC is not responsible for meeting my child's daily nutritional needs.

Signature of Parent or Legal Guardian

Date

MEDICAL INFORMATION

List any special problems that your child may have such as allergies, existing illness, previous illness, hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, or any other information that the staff should be aware of. Failure to disclose a medical condition may result in expulsion.

***Any food allergy listed must provide a Food Allergy Emergency Plan listing foods, possible symptoms and steps to take. (Must be signed by parent and health care professional)**

***This section must be filled out, so if no problems exist, please put "NONE" in the space provided.**

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Licensed Physician _____ Phone Number _____

Address _____ City, State, Zip _____

Preferred Hospital (or write "nearest") _____ Phone Number _____

Address _____ City, State, Zip _____

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian

Date

ADMISSION REQUIREMENTS: Each of the following must be presented before your child is admitted to the school.

- I have attached a copy of my child's most current Immunization Record
- I have attached Form 1515 (Doctor's Statement) or a written statement from a health service or clinic
- I have attached a Food Allergy Emergency Plan (if applicable).

FOR OFFICE USE ONLY

Date of Admission _____ School Year _____ Class Enrolled _____

Registration Fee _____ Cash _____ Check # _____

Referred By _____