



# Faith West Extended Care Program

## Student Information and Medical Release

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

### Emergency Medical Policy

In case of an emergency, illness, or accident, the child will be given first aid and the parent/guardian will be notified. If the parent/guardian or the child's physician cannot be reached, the child will be taken to the nearest available emergency room. Faith West After Care does not assume responsibility for payment of hospital, physician, or ambulance fees. In the event I/we cannot be reached to make arrangements for emergency medical care at the time of an accident or illness, I/we hereby authorize Faith West Extended Care to take my/our child to the nearest available emergency room. If I/we cannot be reached in case of emergency, please notify one of the following:

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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### Authorization for Emergency Medical Care

I/We, the parent(s) or legal guardian(s) of the student listed above, authorize any licensed Texas physician or dentist to provide necessary X-rays, anesthesia, medical or dental treatment, surgical care, or hospital services for our child, as approved by a Faith West Extended Care staff member. We also permit the physician or dentist to consult other specialists as needed. This consent is given in advance to allow responsible parties to act in the child's best interest and remains valid for one school year unless revoked in writing.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Legal Guardian

\_\_\_\_\_  
Date

### PARENTAL AUTHORIZATION FOR STUDENT PICK-UP

Please list **all** persons authorized to pick up student (list driver's license numbers, if possible):

Name

Phone Number

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



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## Registration Form

Please complete the following form and attach a check for the registration fee of \$25.00 per child.

|                 |                 |       |
|-----------------|-----------------|-------|
| Student Name    | Age             | Grade |
| _____           | _____           | _____ |
| Student Name    | Age             | Grade |
| _____           | _____           | _____ |
| Student Name    | Age             | Grade |
| _____           | _____           | _____ |
| Home Address    |                 |       |
| _____           |                 |       |
| Mom's Name      | Daytime Phone # |       |
| _____           | _____           |       |
| Dad's Name      | Daytime Phone # |       |
| _____           | _____           |       |
| Parent Email(s) |                 |       |
| _____           |                 |       |

In the event your child(ren) must be picked up early due to non-emergency illness or school closure, list those individuals who would be most able to pick up your child(ren) in order of accessibility.

|       |       |              |
|-------|-------|--------------|
| Name  | Phone | Relationship |
| _____ | _____ | _____        |
| Name  | Phone | Relationship |
| _____ | _____ | _____        |
| Name  | Phone | Relationship |
| _____ | _____ | _____        |

Please list any allergies or medical conditions of which we should be aware:

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**Please note:** We do not offer extended care on the ½ days before a school holiday.

Medications will not be administered during extended care.

**HOMEWORK:** I would like my child(ren) to participate in the homework group during extended care. Yes \_\_\_\_ No \_\_\_\_

**Extended Care Snack:** In the event that my child does not bring a snack from home:

\_\_\_\_\_ Yes, he/she may purchase 1 snack per day from the office (depending on availability) for \$1.

\_\_\_\_\_ No, he/she does not have my permission to purchase a snack from the office

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

\_\_\_\_\_  
Date