

General Release of Liability:

In consideration of being allowed to participate in any way in the Program and related events and activities the undersigned agrees to the following: I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury; including permanent disability and severe social and economic losses, which might result not only from their actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be risks not known to us or not reasonably foreseeable at this time. To the best of my knowledge, my daughter/son is physically fit to engage in the activity in question. I understand that the Duval County School Board, the Kids Hope Alliance and the selected community based organization and their employees and agents will exercise reasonable care while my daughter/son is in their custody and care engaging in activities through the Program. I agree to hold the Duval County School Board, the Kids Hope Alliance and the selected community based organization and its employees and agents harmless from any and all liability, which may arise while exercising their duty of care, relating to my daughter/son for personal injury or illness that may be suffered or any loss of property that may occur to my daughter/son while participating in the Summer Camp Program.

Authorization for Emergency Care:

In case of accident or serious illness, and the school/program is unable to reach me, I hereby authorize the school/program to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child.

In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at school, the school/program will contact me or arrange transportation for my child. If the school/program is unable to reach me, I authorize the school/program to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.

Administration of Medication & Medical Release Statement:

A policy has been established in Duval County to govern the administration of medicine to students in public schools. The policy states that before medicine can be administered in the school, a statement from the physician concerning the medicine must be on file at the school. Directions taken from the prescription bottle or box will not suffice. Only a written statement from the physician is acceptable. I waive any claims or liability that may arise against any school/program personnel relative to the administration of medication of my child.

Photo/Media Release:

I acknowledge and understand that publicity activities such as interviews, photos, and videotaping may occur. I consent and permit my child, as a participant in the Summer Camp Program and events, to be photographed, videotaped, and/or interviewed for publicity activities. Yes, No

_____ Parent or Guardian’s Signature _____ Date

School Records Release Statement

I give my consent for my son’s/daughter’s/ward’s school records to be accessed by the selected community based organization and the Kids Hope Alliance through the Duval County Schools Student Information Management System (SIMS) for the purpose of gathering data for analysis of program effectiveness. The data accumulated will be aggregated without identifying any individual child.

Parent/Guardian is responsible for transportation of youth to and from program. Elementary age participants must be picked up by and authorized individual 18+ and must be able to show identification. Students must be picked at the designated program end time. Failure to comply may result in participant being removed from the program.

Does your child have health insurance? Yes No

_____ Yes, I would you like someone from the Kids Hope Alliance/Cover Jacksonville to contact me with more information about Florida KidCare coverage for children under 19

_____ No, I do not want to be contacted with Florida KidCare coverage information.

(Application is not considered complete unless signed below to indicate agreement with all of the above.)

_____ Child’s Name _____ Parent or Guardian’s Signature _____ Date



Communities In Schools of Jacksonville, Inc.

Dear Parent/Guardian:

To assist in ensuring your child's well-being while attending Summer Camp Program, please complete and return immediately.

STUDENT HEALTH FORM

Student Name		
Address		City: Jacksonville State: Florida
Parent/Guardian Name		Phone Number Cell Number
Emergency Contact Relationship		Phone Number Cell Number
<p>Is your child being treated for any of the following?</p> <p>A. Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/> D. Hemophilia or bleeding disorder Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>B. Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> E. Other (list below) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>C. Epilepsy or seizures Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does your child have any history of chronic illness? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please explain:</p>		
<p>Does your child have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please specify:</p>		
<p>Is your child currently taking any medication? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>No medication will be administered during the Summer Camp by enrichment staff. We strongly suggest that medicine is administered prior to the beginning of the program day. Youth who show signs of being sick may be asked to return home and or may not be allowed to attend the program. Only Parents/Guardian are only allowed to administer medication.</p>		
<p>Authorization for Emergency Care: In case of accident or serious illness, and the school/program is unable to reach me, I hereby authorize the school/program to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child. In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at school, the school/program will contact me or arrange transportation for my child. If the school/program is unable to reach me, I authorize the school/program to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.</p>		

Parent/Guardian Signature

Date



Communities In Schools of Jacksonville, Inc.
Sibling Notification

(This form helps us to identify siblings for program placement)

Date: _____

Parent Information:

Name: _____

Mailing Address: _____

Zip Code: _____

Home Phone: _____ Cell: _____

Please note that an enrollment form must be completed for each program participant. Listing a name on this form does not automatically enroll a participant in the program.

<i>Student ID #</i>	<i>Student Name</i>	<i>School</i>	<i>Sibling/Relationship</i>	<i>Grade</i>

Special Note:

An enrollment form must be completed for each program participant. Listing a name on this form does not automatically enroll a participant in the Summer Camp Program.

Regular daily attendance is requirement. Summer Camp Program placement may be lost because the participant does not have regular daily attendance.

Parent Signature

Date