



The School District of Lee County

BEFORE SCHOOL/AFTER SCHOOL PROGRAM PARENT PERMISSION FORM



Student's Name:

School Location:

Dates of School Program:

Teacher/Sponsor:

Information to be completed by parent/guardian:

- My child has a medical condition and/or medication of which the school should be aware.
My child does not have a medical condition.

As the parent or legal guardian of the student listed above, I give him/her permission to participate in this Before/After-school program. I hereby grant permission for the supervising teacher to act "in loco-parentis" (in place of parents) in the event of any medical emergency and I accept full responsibility for all medical costs in the event of such a medical emergency.

I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of this after school program which is not the direct result of willful action or culpable negligence by the School District or its employees.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

Your Child's Name:

Date of Birth:

All medication is to be administered by the After School supervisor or teacher/staff as directed. Medication must be clearly labeled with the following:

Name of medication:

What it is to be used for:

How it is to be given:

Quantity and times to be given:

Additional information or procedure:

By my signature below, I am requesting that the after school supervisor or teacher/staff administer medication/procedure as directed above.

Parent/Guardian Signature: Date:

Phone # Cell # Work#

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the supervisor to provide treatment for my child named above.

Parent/Guardian Signature: Date:

IF PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT: (please print clearly):

Name: Phone #:

Cell # Work #

\$10 Reg Fee Paid _____

**G. WEAVER HIPPS ELEMENTARY
GATOR'S NEST
2019-2020 Registration**

Name _____ Date of Birth _____ Teacher _____

Name _____ Date of Birth _____ Teacher _____

Name _____ Date of Birth _____ Teacher _____

PRIMARY PHONE NUMBER TO CALL: _____

Mother or Guardian _____

Address: _____ Home Phone: _____

Business, Mother _____ Work Phone: _____

Cell Phone: _____

Father or Guardian _____

Address: _____ Home Phone: _____

Business, Father _____ Work Phone: _____

Cell Phone: _____

Child lives with: Mother _____ Father: _____ Both: _____

Person(s) other than parents who may pick up the child from the program:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Parent's Statement: I give my children permission to fully participate in the Gator's Nest Program. I have received and read the Day Care Parent Handbook. I understand that the fees are due prior to participation. My child will not be accepted into Gator's Nest with an unpaid balance. After one returned check, Gator's Nest will only accept cash, cashier's check or money order as payment. I understand that a late fee of \$10.00 will be charged from 6:01P.M. to 6:10 P.M., and \$1.00 for each child every minute after and it is due the next business day. Students with an unpaid balance for the Day Care Program must resolve the debt in order to attend Night events or end-of-year field trips.

Signature: _____ Date: _____

PLEASE COMPLETE OTHER SIDE