

The Early Morning Program at Riverside School ~ Application

Student's name (first and last): _____

Student's teacher & grade: _____

Parents' names (first and last): _____

Mother's phone number: _____ Father's phone number: _____

*Please provide the best phone numbers to use during program hours.

Emergency contact person's name and phone number: _____

Desired program days: _____

Fee enclosed: _____

Please make all checks payable to *RIVERSIDE SCHOOL PTA*. Please note when paying by check the bearer will be responsible for any returned check fees.

Medical Notice & Release: Please be advised that the school nurse is not on duty during program hours. It is the responsibility of the staff member at the Early Morning Program to handle any medical emergency. If you have a child with special medical needs (i.e. severe food allergies, asthma, etc.), it is your responsibility to convey this information to the Early Morning Program staff member. If your child has medical concerns, additional forms must be completed by you and by your child's physician *before* your child will be able to participate in the Early Morning Program.

If your child has a special medical need, a completed Authorization for the Administration of Medicines by School Personnel must be completed and turned in before your application will be considered complete or you must grant the school nurse permission in writing to release your child's Authorization for the Administration of Medicines by School Personnel form already on file with the school nurse. You must supply the prescribed medication (i.e. inhaler, epi pen, etc.) to the Early Morning Program staff member before your child can begin the program.

I understand that in case of emergency, first aid will be administered and the parents or other designated responsible individuals will be notified. No care beyond first aid (defined as immediate, temporary care given in case of accident or illness) can be given by an Early Morning Program staff member. I give permission for the Early Morning Program staff member to obtain medical treatment for my child. I understand the Early Morning Program is not responsible for the cost of emergency treatment or for medical care give by emergency medical personnel. I also understand that all expenses incurred are the responsibility of the parent.

On behalf of my child and family, I freely and voluntarily agree to release, indemnify and hold harmless, Riverside School, the Riverside School PTA, the Greenwich Board of Education, the Greenwich PTA Council, its administrators, contractors, parent volunteers and instructors from any and all liabilities arising from and incident to my child's involvement and participation in The Early Morning Program at Riverside School'.

Parents' Signatures _____

Date: _____

Date: _____