

Enrollment Form for Summer Academy at RMS 2011

Email address:

Student _____ Age _____ Birthdate _____

Parent Name _____ Telephone _____

Address _____ Cell phone _____

Work Place _____ Telephone _____

Parent Name _____ Telephone _____

Address _____ Cell phone _____

Work Place _____ Telephone _____

Please keep phone numbers and addresses up to date throughout the summer

Grade (in fall) _____ M or F BUS YES NO Walker YES NO Car Rider YES NO

Please list two people who can come pick up your child if you cannot be reached

Emergency Contact Person _____ Telephone _____

Emergency Contact Person _____ Telephone _____

Health problems/illnesses: (Specific limitations and instructions)

Allergies: (Bee stings, asthma, foods, epi-pen, inhalers, be specific)

Prescription Medications: (what and when and have a physician's written order)

Permission to administer: _____ Tylenol _____ Antacid _____ cough preparations

Physician _____ Dentist _____

In case of accident or illness, I request the Tapestry Program to contact me. If not able to reach me, I hereby authorize the personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

We/I give permission for my child to be in photos taken during the summer that will be used as displays in the school and may appear in newspapers and/or the RCPS website.

We/I give permission for Rutland Middle School to share information regarding my child with the Tapestry Program.

Parent Name _____

(Please print)

Parent Signature _____ Date _____