

RUTLAND MIDDLE SCHOOL
2018-2019 School Year
EPIC PROGRAM - REGISTRATION

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Physical Address: _____

Phone Number: Home: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Health Problems/Illnesses: (BE SPECIFIC; include any limitations and instructions)

Allergies: Please list allergies and instructions:

Does your child take prescription medications: No Yes

If so; What _____; When _____; Dosage Amount _____

ANY prescription medication that is to be given during the program must be provided to the Site Coordinator with written permission from the prescribing physician. This includes an inhaler or EpiPen. All medication must be in its original labeled container and needs to be brought to and from the program by an adult and NOT a student.

Permission to Administer: _____ Pain Medication _____ Antacid _____ Cough Preparations
Physician: _____ Dentist: _____

**In case of accident or illness, I request the Tapestry/EPIC Program to contact me. If not able to reach me, I hereby authorize 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 our child to leave the school building for activities/field trips sponsored by EPIC. A calendar specifying the trips will be given to student and available through the Site Coordinator. We/I give permission for my child to be in photographs and video clips taken during programs that will be used as displays, appear in the newspapers or on PEG TV, at afterschool functions and on the school website. We/I give permission for Rutland City Public Schools to share information regarding my child with
(Complete other side)**

the EPIC Program. We give permission to the EPIC Program to use student data in reports, grants, and other formats. Students are not individually identified in the reporting process. We/I understand it is our responsibility to request a scholarship or make payments directly to the EPIC Program and will be charged for the contracted days that we/I have requested.

Limited bus transportation is available leaving at approximately 5pm daily.

Prior Sign Up is Required.

Does your child require transportation to your neighborhood? No Yes

Name of Parent/Guardian: _____
(Please Print)

Parent/Guardian Signature: _____ Date: _____

**Return form to: ELIZABETH COLTEY, EPIC SITE COORDINATOR
802-779-1309 - cell, e-mail: elizabeth.coltey@rcpsvt.org**