

Does your child have health coverage? _____ Yes _____ No

Name of Medical Insurance Policy/ Insurance # Primary Insured's Name

Medical History that may be of importance Medication Child is taking

List any Allergies

Name of Child's Doctor Telephone

I authorize the After-School Program Staff to furnish and/or obtain emergency medical information and treatment which may be necessary for my child during the After-School Program.

Parent/Guardian Name Signature Date

STUDENT RELEASE/ PICK UP POLICY

As parent/guardian, I understand that the After-School Program will begin immediately after school is out and will end by 6:00 p.m. or 4:30 p.m. if in the enrichment only program. Please pick up your child on time. If students are not picked up by dismissal time, the After-School Program staff is required by law to report to Child Protective Services or law enforcement. Please note: **Three instances of tardiness in picking up your child will result in his/her dismissal from the program.** Students will not be released to go home from the After-School Program until they are signed out by the parent/guardian or one of the individuals listed below:

Parent/Guardian/Caretaker Signature Date

When I am unable to pick my child up, I give After-School Program staff permission to release my child to:

Name Relationship Phone: work/home/cell

Name Relationship Phone: work/home/cell

Name Relationship Phone: work/home/cell

Name Relationship Phone: work/home/cell

*** (If you need more space, please continue on the back)

RELEASE OF LIABILITY

I understand the nature of the after-school program and that participation is voluntary. I understand that the Oakland Unified School District is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the after school program. I hereby release and discharge the Oakland Unified School District and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss or damage as a result of after-school program activities.

Parent/Guardian Signature: _____ Date _____

PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS

I give permission for the After-School Program Staff to review my child's school data (test scores, report cards and other performance indices), for the purpose of providing targeted academic instruction and assessing the academic effectiveness of the After-School Program. I also give permission for After-School Program staff to monitor my student's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.

_____ Parent/Guardian Signature

PHOTO/VIDEO RELEASE

During your child's attendance in the After-School Program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional or funding purposes.

I authorize the OUSD or any third party it has approved to photograph or videotape my child during After-School program activities and to edit or use any photographs or recordings at the sole discretion of OUSD. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the OUSD and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

_____ Parent/Guardian Signature



Sequoia Healthy Start

east bay agency for children

WALK HOME PERMISSION FORM (OPTIONAL)

FOR STUDENTS AGES 8 and older ONLY

Name of Student: _____

Grade: _____

Date of Birth of Student: _____

If I arrive later than the dismissal time or am unable to pick up my child from the After-School Program:

I give the After-School Program staff permission to release my child from the after-school program without supervision.

As parent/guardian, I hereby release and discharge the Oakland Unified School District, Collaborating agencies and employees from all claims for injury, illness, death, loss or damage as a result of my signed waiver of the After-School Program pick up policy.

Signature of Parent/Guardian

Date

WALKING FIELD TRIP RELEASE FORM

These trips are for educational or recreational purposes such as going to Dimond library or to Dimond Park. The after-school staff will give notice before taking a walking field trip. The field trips will take place within the time frame of the program; M, T, TH, F between 3:00 - 6:00 p.m. and on Wed. between 1:10 - 6:00 p.m. Students will be chaperoned by Sequoia Healthy Start Staff at all times. Written permission and waiver of liability from parent or guardian must be on file for each student attending these trips. These study trips are voluntary; your child is not required to attend. If your child does not attend, alternate activities will be provided to him/her at the school site.

I understand that participants in this study trip are to abide by all rules and regulations governing conduct during the study trip and that any violation of these rules and regulations can result in my child being sent home and his/her and/or my expense.

Please sign the attached form.



FIELD TRIP/EXCURSION PERMISSION SLIP
(Student)

TRIP INFORMATION

School or Center: _____

Destination: _____
(place(s) and/or activity(ies)/event(s))

Date(s) of trip: _____. Field trip/excursion is scheduled to leave _____
at _____ on _____, and return to School at approximately _____ on _____
(time a.m./p.m.) (date) (time a.m./p.m.) (date)

The field trip will involve the following: (Describe in detail, indicate approximate time(s), name(s) and address(es) of location(s)): Swim permission required below.)

Class or group attending: _____ **Number of students:** _____

Names of teacher(s), coach(es), and chaperone(s): _____

Authorization to treat minor: In the event that I cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward. I have read and understand the trip information materials.

Do you agree to be financially responsible for expenses incurred for treatment under the circumstances describe above? ____Yes ____No

Notice of Waiver of Claim: Education Code § 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against any school district or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion.

PARENT/GUARDIAN AUTHORIZATION

I hereby grant permission for my daughter/son/ward _____
(Name of Student)

to participate in the field trip or excursion to: _____ Date(s): _____

1. **I understand** that this field trip/excursion is optional and attendance by my daughter/son/ward is not required and that an alternative activity at School will be provided if I do not give permission for my daughter/son/ward to participate.
2. **I understand** that all students going on this field trip/excursion will be responsible in conduct to the bus driver(s), to teacher(s), and, if applicable, to adult sponsor(s) at all times.
3. **I understand** that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to in writing by the principal, site administrator, or teacher.
4. **I understand** that there will be times during the trip when my daughter/son/ward will not be accompanied by an adult or that the ratio of students to adults is more than 10 to 1.
5. **I hereby acknowledge** that I have been advised of the activities involved in this field trip/excursion, and that the field trip/excursion may be inherently dangerous.
6. **I understand** that there is no insurance provided by the Oakland Unified School District for this field trip/excursion, although the District has made student accident insurance available for purchase at my expense.

Site Contact Person: _____

Mode(s) of transportation (for example, walking, AC Transit, BART, AMTRAC, school bus, charter bus, private automobiles (List in detail routes for each segment of Field Trip/Excursion):

Date: _____ Parent or Guardian Signature: _____

Print Name: _____



Sequoia Healthy Start

east bay agency for children

Sequoia Healthy Start After-School Agreements

I understand and agree that if my child participates in the After-School Program, my child and I will also enter into a behavioral contract with Sequoia Healthy Start After-School Program.

The After-School Program will:

- Create a safe and fun learning environment for all students participating in the program.
- Provide structured, supervised activities with trained, caring adults.
- Invite and address student and guardian input.
- Provide a snack each day.
- Use the Sequoia/OUSD Conflict Resolution process to resolve any disagreements.
- Enforce Sequoia School Day Rules during the after-school program.

As a parent/guardian I will:

- Discuss with my child the importance of participation and cooperation to get the most out of the After-School Program.
- Pick up my child on time at the end of each After-School Program session (by 6:00 or 4:30). I understand that if I am late picking up my child 3 times, my child may be dismissed from the program.
- Understand that my child is responsible for his/her behavior and that disruptive, aggressive, or disrespectful behavior will not be tolerated. I understand that my child will abide by the behavior management system of the program and that I will be notified if my child is disruptive or disrespectful. After notification, I understand that if my child continues to be disruptive, aggressive, or disrespectful, he or she may be permanently dismissed from the program. I understand that this rule will be strictly enforced.

As a student I will:

- Ask permission to leave a supervised area.
- Attend each activity that I am registered for, on time and ready to participate.
- Have a positive attitude toward program staff, students, school, and myself.
- Follow all Sequoia Healthy Start and Sequoia School rules.
- Use the Sequoia/OUSD Conflict Resolution process to resolve any disagreements.
- Understand that everyone is here to learn and have fun. I understand that I am responsible for my behavior and that disruptive, aggressive, or disrespectful behavior will not be tolerated. I understand that my parent/guardian(s) will be notified if I am disruptive, aggressive, or disrespectful. After notification, I understand that if I continue to be disruptive, aggressive, or disrespectful, I may be permanently dismissed from the program. I understand that this rule will be strictly enforced.

I have reviewed the above behavioral contract with my child:

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____

Student Signature: _____ Date: _____