

WRAP Summer Registration Form

Location: Eudora Elementary School Library

Friday's from 9:00-10:00 1-2 Grades and 10:30-11:30 3-5 Grades

Child's name _____ Date of birth _____

Street address _____ City _____ State _____

School currently attending _____ Grade entering in the fall _____

Parents' name _____

Parents' e-mail address _____

Phone numbers home: _____ work: _____ cell: _____

Alternate Pick-up Authorization

I authorize the following individual(s) to pick up my child.

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

By signing, I authorize my child to walk home. _____

Physician's Order for Prescribed Oral Medication

No member of the WRAP Summer program is permitted to administer medication.

Emergency Medical Information

Allergies (food, medication, etc.): _____

Activity restrictions or precautions: _____

List any medication child is currently taking: _____

List any special needs or important information about your child's medical history/behavior:

Please list at least two alternative individuals who may be contacted if your child should become ill and need to be sent home:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Liability Waiver (*Must be signed in order for child to participate in the program.*)

I am the parent/legal guardian of ("Child"). On behalf of myself and Child, and our respective heirs, we acknowledge and agree that there is a risk of injury and/or loss associated with Child's participation in the WRAP Summer program (the "Program"). In the event of a medical emergency in which I cannot be readily reached to take my child to services, I hereby give my consent for the administration of any treatment deemed necessary by another licensed physician or dentist at any hospital reasonably accessible. As a condition of Child's participation, we assume that risk and forever waive and agree to hold Eudora School District, Bert Nash Community Mental Health Center and its Partners, directors, officers, employees, and agents harmless from any and all claims, liabilities, and/or damages arising out of Child's participation in the Program. I understand that Child will not be permitted to participate in the Program without signing this Agreement.

Parent/Guardian Signature: _____

Date: _____

REGISTRATION DEADLINE IS MAY 25, 2010.

Questions: Call or Email Rachel Wiggins, rachelwiggins@eudoraschools.org or 785-423-4102