

Section 3: Medical Information

Please list current Health Problems/Allergies:

Medications:

Preferred Hospital

Doctor's Name

Phone

Section 4: Health History *(please place a "X" by all that apply)*

	Child #1	Child #2	Child #3	Child #4
Asthma				
Fainting Spells				
Convulsion				
Bloody Nose				
Heart Disease				
Diabetes				
Seizures				
Other(not included above)				

(Please attach additional pages in necessary, all information is kept confidential)

Is your child(ren) diagnosed with a learning or physical disability, behavior disorder or is there any additional information concerning your child(ren) that we should be aware of? YES ___ NO ___

If yes, please explain (We ask that you fill this information out completely so that your child can have the appropriate attention as well as the appropriate type of learning that we my offer them):

Section 5: Parental/Guardian Consent and Liability Waiver

I, _____, the parent/guardian of

_____ hereby give the permission necessary for my child(ren) to participate in the City of Alexandria Afterschool Programs. I understand that my child(ren) will be involved in a wide variety of afterschool activities and I acknowledge that my child(ren) is capable of participating in these activities.

I agree, individually and on behalf of the minor child(ren), to assume all risks of participating in these programs and activities and do hereby release, hold harmless, and forever discharge the City of Alexandria, its employees, officials and volunteers from any and all causes of actions, claims, costs and demands that I may have individually or on behalf of the minor child(ren), by reason of any harm, accident, injury, or illness arising out of these afterschool activities.

I understand that if my child(ren) has a persistent pattern of negative behavior and interventions have not been successful, I may be asked to voluntarily remove my child(ren) from the program.

Should it be necessary for your child(ren) to have medical treatment while participating in the afterschool activities, and a parent/guardian cannot be reached, your signature below gives the City of Alexandria personnel permission to use judgment in obtaining medical treatment for your child(ren) and grants medical personnel consent to provide any medical treatment deemed necessary and appropriate. By signing below, you indicate your understanding that the City of Alexandria does not have insurance covering the cost of medical or hospital services for your child(ren) and that any such cost will be your sole responsibility. **The City of Alexandria will not administer or supply any medication to your child(ren) at the Afterschool Centers.**

Please mark the following:

I do ___ / do not ___ **(place an X)** grant permission for my child(ren) to participate in off-site field-trips, to be transported to and from the event, and to participate in the activities associated with off-site field trips.

I do ___ / do not ___ **(place an X)** grant permission to City of Alexandria to take and use photographs and/or digital images of my child(ren) in printed materials, Facebook, email communications and the City of Alexandria website.

Section 6: Pick-Up Policy

Afterschool Hours are from 3:30 p.m. to 6:30 p.m. Children must be signed out each day from the program by a parent or guardian. Due to the number of students in the program, our 6:30 p.m. closing time will be strictly enforced.

I understand that a **\$5** per minute fee will occur after 6:30 P.M. if my child(ren) is not picked up before 6:30 PM.

Section 7: Release of Child

I hereby give my permission for my child(ren) to leave with the following persons:

- 1. _____ Phone Number: _____
- 2. _____ Phone Number: _____
- 3. _____ Phone Number: _____
- 4. _____ Phone Number: _____

I acknowledge that it is my responsibility to inform City of Alexandria afterschool personnel if there is a separation, divorce, or other relationship issue that could impact my child(ren)'s safety. My child(ren) **MAY NOT** leave the afterschool program with the following persons:

- 1. _____ Relationship to child: _____
- 2. _____ Relationship to child: _____
- 3. _____ Relationship to child: _____

By signing this form, you have verified that all information listed above is accurate to your knowledge and have read and understood all policies, waivers, and consents contained in this document.

Parent/Guardian Signature

Date

If you have questions and/or concerns, please call 318-441-6722. All registrations can be mailed to P.O. Box 71, Alexandria, LA 71309, ATTN: Community Services or dropped off at City Hall 915 3rd Street.