

After School - Emergency Information:

Student Information:	
Student Name: _____	Grade: _____
Last	First
Please list any known activities your child should not participate in:	
Known Allergies/Illnesses: _____	
Medication Taken: _____	

Parent/Guardian Information:	
Mother's Name: _____	Father's Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Medication Consent:
Union Academy and this program must have a Medication Consent form on file for any medication needed.
This includes scheduled, as needed, and self-carry medications. A copy of the consent form can be found on the Union Academy website under Important Forms.

Authorized Pickup:
The following person(s) are authorized to pick up your child from the After School/Homework Club program:
Name: _____ Contact #: _____
Name: _____ Contact #: _____
<i>Your child will only be released to the individuals listed above. Proper identification is required.</i>

Assumption of Risk:
<input type="radio"/> I understand and recognize there are certain risks inherent with participation in the After School program. I acknowledge that I assume all risk for any/all injuries and illness that may result from participation in activities during the program. In consideration of the privilege of participation in the program, I hereby voluntarily release and discharge Union Academy, agents, and employees from any and all claims for injuries, illness, death, loss, or damage which my child may suffer as a result of his/her participation in these activities.
<input type="radio"/> I hereby give permission to the medical personnel selected by Union Academy to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event of an emergency I cannot be reached, I hereby give permission to the physician selected by Union Academy staff to secure and administer treatment, including hospitalization, for my child.
<input type="radio"/> I understand that no accident or medical insurance is provided with the After School/Homework Club program.
<input type="radio"/> I give my consent for my child to leave the Union Academy campus, participate in authorized trips, and ride in authorized vehicles for the purpose of transportation in connection with this program.

By signing below, I agree the above information is accurate to the best of my knowledge and understand the information presented.

Parent/Legal Guardian: _____	Date: _____
Signature	

After School – Discipline and Behavior Policy:

Students participating in after school are expected to follow the same rules and behavior in the same manner as they would during regular school hours. If behavior problems do occur the following procedures will be followed.

The Discipline Procedure will be as follows:

1. The first behavior problem will be discussed between the student and counselor. This could result in removing the child from a group or limiting a privilege.
2. The second occurrence will result in a conference with the counselor, assistant director and the student. Parents will be notified of the concerns and what was discussed with the student to correct the behavior.
3. After the second occurrence, the assistant director will call the student's parent, and the behavior concerns will be discussed and the parent will be asked to participate in resolving the problem.
4. Any additional occurrences will result in a parent conference scheduled with the director and/or the assistant director. Depending on the severity of the situation, the child may or may not remain in the program until a conference is held and a decision is reached. 5. After the conference, the Director may determine whether or not the child's behavior will result in exclusion, depending on the severity of the issue.

Depending on the severity of the behavior problem, parent contact or exclusion could occur at any level. In the event of an incident involving an assault, a weapon, alcohol, or an illegal substance, the Principal and director may choose to revert to the UA Handbook guidelines if necessary to assure a safe environment for all students. I hereby give permission to the medical personnel selected by Union Academy to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event of an emergency I cannot be reached, I hereby give permission to the physician selected by Union Academy staff to secure and administer treatment, including hospitalization, for my child.

Behavior problems include but are not limited to:

- Aggressive Behavior
- Disruptive Behavior
- Disrespect/noncompliance
- Inappropriate language/gestures/images
- Property damage
- Bullying

I the undersigned parent/guardian, do hereby affirm that I have read the above information.

Child's Name: _____
Please Print

Parent/Legal Guardian: _____ **Date:** _____
Signature