



THE PARISH SCHOOL

11001 Hammerly Blvd. | Houston, Texas 77043 | 713.467.4696
www.parishschool.org

Dear Parents:

Enclosed you will find Student Forms for 2018 Camp Acorn and the 2018-19 school year. These forms, along with the parent handbook acknowledgement are required for your child to attend camp and/or the regular school year. Please refer to the deadlines below for submitting required paperwork.

| DEADLINES | 2018 Camp Acorn | 2018-19 School Year |
|--|--|---|
| Completed Student Forms (Both parent/guardian signatures required) | May 14, 2018 | August 1, 2018 |
| Physician's Report & Medication Form* (Forms B and D of Student Forms Packet) | May 14, 2018 | August 1, 2018 |
| Immunization Records or Current Exemption Form* | May 14, 2018 | August 1, 2018 |
| Parent Handbook Acknowledgment (Sign last page of handbook) | Available at parishschool.org/admitted-campers; due May 14, 2018 | Available at parishschool.org/parents; due August 1, 2018 |
| Student Medication | June 5, 2018 | August 14, 2018 |

*Please allow enough time to obtain from your child's physician

To ensure your child's health and safety, I would like to call your attention to a few items from the parent handbook, as required by Texas Department of Family and Protective Services:

Medications: All medication must be in its original container with the prescription label. It will be kept under lock and key and must be delivered to an adult by an adult. Medication may not be sent with the child or in the child's backpack. No medication should be sent to the school for the student to take on his/her own.

For each medication (routine or emergency), the student's physician must complete the Physician's Medication Form and return it to the school office. Parents must also complete the Medication Record and Permission Form and return it to the school office.

Paperwork may be scanned and sent to Angela Burris, School Nurse, aburris@parishschool.org. Additionally, you may drop off or mail to the front office. I look forward to another wonderful summer and school year caring for your child!

Sincerely,
Angela Burris, LVN





Child's Name: _____

DOB: _____

**Authorization for Emergency Medical Attention, Emergency Contacts & Medical Information
2018 Summer / 2018-19 School Year**

Download and complete this packet using Adobe Reader, or print a copy to complete by hand. Please email a scanned version of the packet with both parent/legal guardian's signatures to Angela Burris, Parish School Nurse at aburris@parishschool.org. Packets may also be mailed or dropped off at the front office.

Child's Full Name: _____

Sex: Male Female

Child's Primary Address: _____
Street City State Zip

Mother's Full Name: _____ **DOB:** _____

Primary E-mail Address: _____

Cell: _____ Home: _____ Work: _____

Father's Full Name: _____ **DOB:** _____

Primary E-mail Address: _____

Cell: _____ Home: _____ Work: _____

It is required to list **two (2)** persons The Parish School may contact (other than a parent) in the event the staff cannot reach you and to whom you give permission to pick up your child:

Contact 1: _____ **DL # & State:** _____

Phone: _____ Relationship: _____

Contact 2: _____ **DL # & State:** _____

Phone: _____ Relationship: _____

In the event that I/we cannot be reached to make arrangements for emergency medical attention, I/we authorize a designated Parish School staff member to contact EMS to take my/our child to the nearest hospital or to the following:

Child's Physician: _____ Phone: _____

Address: _____

I/we give consent for any and all necessary treatment.

Mother's/Legal Guardian 1's Name Mother's/Legal Guardian 1's Signature Date

Father's/Legal Guardian 2's Name Father's/Legal Guardian 2's Signature Date

Child's Name: _____

DOB: _____



**Authorization for Emergency Medical Attention, Emergency Contacts & Medical Information,
Continued
2018 Summer / 2018-19 School Year**

I/we give permission for The Parish School to administer the following over-the-counter medications (or their generic equivalent) to my/our child if necessary. Dosages will be administered according to package directions:

- | | | |
|--|--|--|
| <input type="checkbox"/> Advil or Motrin (Ibuprofen) | <input type="checkbox"/> Cough Drops | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Benadryl (oral) | <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Throat Lozenges |
| <input type="checkbox"/> Benadryl (topical) | <input type="checkbox"/> Insect Repellent - containing DEET | <input type="checkbox"/> Tylenol (Acetaminophen) |

My/our child has the following medical concerns:

Chronic Medical Conditions:

Allergies:

Dietary Restrictions (i.e. Gluten/Casein Free):

My/our child takes the following medications regularly. (Include prescription, over-the-counter medications, and supplements. Please keep the school updated on any changes - See Form D and E.)

Medication

Dosage



Child's Name: _____

DOB: _____

Demographic Form
2018 Summer / 2018-19 School Year

Child's Full Name: _____

Sex: Male Female Languages Spoken at Home: _____

Ethnicity: Asian/Pacific Islander Black Hispanic Native American White Other

Child's Primary Address: _____
Street City State Zip

Child's Home School District: _____

Who initially referred your family to The Parish School? _____

Mother's Information:

Mother's Full Name: _____ DOB: _____

Primary E-mail Address: _____

Cell: _____ Home: _____ Work: _____

Home Address: _____
(if different) Street City State Zip

Ethnicity: Asian/Pacific Islander Black Hispanic Native American White Other

Marital Status: Married to Child's Father Single Divorced
 Remarried Widowed Partnered

Occupation: _____ Employer: _____

Work Address: _____
Street City State Zip

Education: High School Some college Bachelor's degree Master's degree Doctorate

Father's Information:

Father's Full Name: _____ DOB: _____

Primary E-mail Address: _____

Cell: _____ Home: _____ Work: _____

Home Address: _____
(if different) Street City State Zip

Ethnicity: Asian/Pacific Islander Black Hispanic Native American White Other



Child's Name: _____

DOB: _____

**Demographic Form, continued
2018 Summer / 2018-19 School Year**

Father's Information, Continued:

Marital Status: Married to Child's Mother Single Divorced
 Remarried Widowed Partnered

Occupation: _____ Employer: _____

Work Address: _____
Street City State Zip

Education: High School Some college Bachelor's degree Master's degree Doctorate

Maternal Grandmother's Name: _____

Home Address: _____
Street City State Zip

E-mail Address: _____ Phone: _____

Maternal Grandfather's Name: _____

Home Address: _____
(if different) Street City State Zip

E-mail Address: _____ Phone: _____

Paternal Grandmother's Name: _____

Home Address: _____
Street City State Zip

E-mail Address: _____ Phone: _____

Paternal Grandfather's Name: _____

Home Address: _____
(if different) Street City State Zip

E-mail Address: _____ Phone: _____

The Parish School does not discriminate on the basis of a child's race, gender, creed, or religious beliefs.

Child's Name: _____

DOB: _____



**Medication Form/Physician Instructions
2018 Summer / 2018-19 School Year**

**Complete and return only when/if the child needs medication during school hours.
A separate form is required for each medication.**

To Be Completed by Physician

Medication _____ Dosage _____

Reason for Medication _____ Desired Effects _____

Possible Side Effects or Contraindications _____

_____ to _____
Administration beginning and ending dates

Are behavioral or performance observations necessary by the teacher? Yes No

Best time for physician to be contacted: _____

Prescribing Physician's Name _____ Prescribing Physician's Signature _____ Date _____

Physician's Address _____ Phone Number _____ Fax Number _____

Please return this form to The Parish School ASAP to begin any new treatment, even if form must be initially submitted without a prescribing physician's signature. Please submit completed form with all signatures as soon as possible.



THE PARISH SCHOOL

**Medication Authorization Form
2018 Summer / 2018 - 19 School Year**

Child's Name: _____

DOB: _____

I hereby request a Parish employee to administer the medication named below to my child. I understand that all medications must be in the original container, labeled with the child's name, and with directions to administer the medication. Prescribed medication must also include the date and name of prescribing physician. By signing below, I release The Parish School/The Carruth Center and its employees from all liability for reactions that my child may suffer from this medication.

| Medication | Dosage | Days/Times to Administer |
|------------|--------|--------------------------|
| | | |

We give our consent for any and all necessary treatment.

| | | |
|----------------------------------|---------------------------------------|------|
| Mother's/Legal Guardian 1's Name | Mother's/Legal Guardian 1's Signature | Date |
|----------------------------------|---------------------------------------|------|

| | | |
|----------------------------------|---------------------------------------|------|
| Father's/Legal Guardian 2's Name | Father's/Legal Guardian 2's Signature | Date |
|----------------------------------|---------------------------------------|------|

FOR PARISH SCHOOL OFFICE USE ONLY

The following is to be completed each time a medication is administered to this child. Administering Person: _____

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------------|-----------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| June (Camp Acon) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | No School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Child's Name: _____

DOB: _____



**General Permissions and Release Form
2018 Summer/2018-19 School Year**

I/we hereby give permission to The Parish School for my/our child to participate in **supervised water activities**. No commercial pools are involved. Sprinklers, water hoses, and portable wading pools may be used.

I/we hereby give consent for The Parish School to provide transportation for my/our child on **planned field trips** away from The Parish School campus. I/we do hereby release and hold harmless The Parish School and all individuals participating in the field or planned trips from all damages that may be suffered by the participant due to injuries resulting from the participation of said minor child in field trips. I/we agree not to make a claim to enter suit—against this school or individuals participating therein—for any injuries sustained to said child.

I authorize The Parish School, its representatives, and any third party authorized by The Parish School to use or publish any **photograph, video, or recording** of my child or me, or any school work created by my child, in any internal or external publication, whether in print or electronic format.

I will notify the Head of School in writing by **May 14 for Camp Acorn** and **August 1 for the 2018-19 school year** if I do not consent to these provisions. Any such notification will be effective until May 31, 2019.

| | | |
|---|--|-------------|
| Mother's/Legal Guardian 1's Name | Mother's/Legal Guardian 1's Signature | Date |
|---|--|-------------|

| | | |
|---|--|-------------|
| Father's/Legal Guardian 2's Name | Father's/Legal Guardian 2's Signature | Date |
|---|--|-------------|

