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**STUDENT APPLICATION FORM SUMMER 2020**

Please answer all of the following questions and sign all forms before returning.

**If multiple choices are listed, please CIRCLE appropriate answer.**

**Name of Person Completing this Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Student (the “Student**”) Mother Father Aunt Grandfather Grandmother Guardian Step-parent Uncle

**Student’s First Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Preferred Name** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Apt. #** \_\_\_\_\_\_\_\_\_\_  **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_

**Gender** \_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Current** Grade \_\_\_\_\_\_\_\_\_\_\_\_ **School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has Student received special education services at school?** IEP 504 Plan Diagnosed Learning Difference Gifted/Talented Other

**Is Student eligible to receive free or reduced lunches at school**  [ ]  Yes [ ]  No

**Annual Family Income ($)** 0 - 23,107 23,108 - 31,284 31,285 – 39,461 39,462 – 47,638 47,639 – 55,815 55,816 – 63,992

63,993 – 72,169 72,170 – 80,346 If income is greater than $80,346, write in income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hispanic/ Latino** [ ]  Yes [ ]  No **If Country of Birth is other than USA, please designate** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race**  African American/Black Hispanic/Latino Two or More Races White Asian Native American/Alaskan Native

Pacific Islander or Native Hawaiian Other If Other, please name ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Primary Language**  English Spanish French Chinese Other If Other, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Language Spoken at Home** English Spanish French Chinese Other If Other, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student in afterschool activities [ ]  Yes [ ]  No

**Afterschool activities** Baseball Basketball Dance Gymnastics Softball Soccer Swimming Track Other

If Other, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did Student attend Preschool** [ ]  Yes [ ] No If yes, where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size Child Sizes** X-Small Small Medium Large XL XXL **Adult Sizes** X-Small Small Medium Large XL XXL

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**STUDENT APPLICATION FORM SUMMER 2020 FOR (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian #1 Information**

**First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Lives with Student?** [ ]  Yes [ ]  No

**Relationship to Student** Mother Father Aunt Grandfather Grandmother Guardian Step-parent Uncle

**If Parent/Guardian #1 does not live with Student, please list address of Parent/Guardian #1:**

**Street Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A**pt. #** \_\_\_\_\_\_\_\_\_\_ **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_

**Phone 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Highest Level of Education** Grade School Some High School GED or Equivalency Options High School Certificate Program

Vocational School Some College Associate’s Degree Undergraduate Degree Some Graduate School Graduate Degree Post-graduate

**Employer Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title/Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent/Guardian #2 Information**

**First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Lives with Student?** [ ]  Yes [ ]  No

**Relationship to Student** Mother Father Aunt Grandfather Grandmother Guardian Step-parent Uncle

**If Parent/Guardian #2 does not live with Student, please list address of Parent/Guardian #2:**

**Street Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A**pt. #** \_\_\_\_\_\_\_\_\_\_ **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_

**Phone 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Highest Level of Education** Grade School Some High School GED or Equivalency Options High School Certificate Program

Vocational School some College Associate’s Degree Undergraduate Degree Some Graduate School Graduate Degree Post-graduate

**Employer Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title/Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STUDENT APPLICATION FORM SUMMER 2020 FOR (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact #1 (Different than Parent/Guardian)**

**First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Lives with Student?** [ ]  Yes [ ]  No

**Relationship to Student** Mother Father Aunt Grandfather Grandmother Guardian Step-parent Uncle

**If Emergency Contact #1 does not live with Student, please list address of Emergency Contact #1:**

**Street Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A**pt. #** \_\_\_\_\_\_\_\_\_\_ **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_

**Phone 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Contact #2 (Different than Parent/Guardian)**

**First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Lives with Student?** [ ]  Yes [ ]  No

**Relationship to Student** Mother Father Aunt Grandfather Grandmother Guardian Step-parent Uncle

**If Emergency Contact #2 does not live with Student, please list address of Emergency Contact #2:**

**Street Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A**pt. #** \_\_\_\_\_\_\_\_\_\_ **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_

**Phone 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Household Information**

Did Student attend the 2019 Horizons Program? [ ]  Yes [ ]  No

Number of **people** living in the Student’s primary household (include Student)

Number of **siblings** living in the Student’s primary household 0 1 2 3 4 4+

Please complete the information below for all **siblings**. If there are more than four siblings, only enter information for the four siblings most likely to attend Horizons.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sibling** | **First Name** | **Last Name** | **Date of Birth** | **Gender** | **Is Sibling a Horizons Student?** | **Is Sibling a** **Horizons/SPROG****Alum?** | **Lives with Student?** |
| 1 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ]  Female[ ]  Male | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 2 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ]  Female[ ]  Male | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 3 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ]  Female[ ]  Male | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 4 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | [ ]  Female[ ]  Male | [ ]  Yes [ ]  No | [ ]  Yes  [ ]  No | [ ]  Yes [ ]  No |

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**2020 HORIZONS COMMUNITY EXPECTATIONS**

**FOR STUDENT (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Horizons St. Louis in Kirkwood (“Horizons”) staff want all Students to be safe, enjoy learning, feel good about themselves, and have fun! To achieve these goals, please take a look at the guidelines listed below to ensure we all have a fun and safe summer.

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**Students**

As a Horizons participant, I will:

* Treat others as I wish to be treated and accept responsibility for my actions
* Arrive on time and participate fully in activities
* Be honest and respectful by using appropriate language
* Respect the property of Horizons, of the Kirkwood School District, and others
* Meet all of the expectations mentioned listed above when on the bus, on field trips, or at other facilities

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**Parents/Guardians**

**Attendance and Tardiness Policy**

To receive the full benefit of the Horizons program, Student must attend every day. Unless using the Before and After care program, Student should not arrive before 8:45am and must be picked up by 3:10pm as supervision is not available during this time unless they are signed up for Before and After Care. Students who have more than THREE unexcused absences may be subject to removal from the program.

|  |  |
| --- | --- |
| **Excused absences include:** | **Unexcused absences include:** |
| * Illness
 | * Family vacation
 |
| * Family emergency or other emergencies
 | * Non-emergency situations
 |

If the Student will be absent or will arrive late to the program, we ask that you notify the Program Director or administrative assistant immediately. Failure to abide by the attendance policy will result in a review of the Student application for the following summer and possible removal from the program. The Student will attend all of the 2020-21 Horizons programs, including: Family Orientation in the spring, the summer enrichment program, and events scheduled during the school year.

**Payment Policy**

If the Student is in kindergarten, or grades 1 – 3, I agree to pay the $25 enrollment fee by April 1, 2020. If the Student is in 4th or 5th grade, I will pay the $245 tuition fee and $25 enrollment fee by April 1, 2020.

**Discipline Process**

Minor discipline incidents will be handled by teachers in accordance with classroom rules. Repeated misbehaviors will be reviewed under the three-strike policy. We ask that parents/guardians help explain the reasons behind any disciplinary actions to the Student and communicate any behavioral concerns to Horizons.

* **First Strike** – Repeated, minor misbehaviors. A first strike offense will result in a verbal warning and conversation with the Program Director.
* **Second Strike** – Continually repeated minor misbehaviors. A second strike will result in a written note being placed in the Student’s file and a parent/guardian phone call. The Program Director will also be notified of the behavior.
* **Third Strike** – Continued minor misbehaviors and/or any extreme misbehaviors. Any third strike will lead to the Program Director and Executive Director reviewing the Student’s behavior profile to determine the appropriate outcome. There will be two possible outcomes: 1. 1-3 days suspension or 2. Removal for the summer without refund of payment.

My signature affirms my agreement to accept the Horizons Community Expectations set forth in this document.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENTS AND PERMISSIONS FOR STUDENT (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Field Trips and Activities** - I give permission for the Student to take part in all program activities including academic and health assessment and trips away from the school premises. I give permission to Horizons for the Student to participate and be transported to field trips, swimming, and other special events taking place during the summer program and school year activities. I hereby release Horizons and its partners (suppliers, providers, contractors, and volunteers) from liability to me or to the Student for any loss or damage sustained by me or the Student because of an injury to the Student while at Horizons, during any Horizons activity, or while being transported to and from Horizons.

[ ]  I Agree [ ]  I Do Not Agree

**Transportation Notice** – If the Student’s transportation plans to and from Horizons change for any reason, or if the Student will

be picked up early, or by someone other than the parent/guardian, I will provide the information in writing, prior to the time of

transportation.

[ ]  I Agree [ ]  I Do Not Agree

**Attendance Policy** – I understand that I must comply with the attendance policy set by Horizons. I understand that if do not

comply with the attendance policy then the Student may be asked to leave Horizons.

[ ]  I Agree [ ]  I Do Not Agree

**Contact Information Change** – I will notify the Horizons office immediately if my family and/or emergency contact information

changes, including phone number, address, email, or school changes.

[ ]  I Agree [ ]  I Do Not Agree

**Photo/Video/Audiotape/Quotes** –I authorize pictures, photographs, video, audiotape, and quotes of the Student that were taken by or at Horizons, quotes of the Student, the Student’s art work, project work, and writing by the Student to be reproduced for use in media, publications, and fundraising, by Horizons and its partners ((suppliers, providers, contractors, and volunteers).

[ ]  I Agree [ ]  I Do Not Agree

I**nternet Use** – I give permission for the Student to use the internet at Horizons and hereby release Horizons and the host school from any associated liabilities.

[ ]  I Agree [ ]  I Do Not Agree

**Medical Treatment** –In the event of an illness or health issue, Horizons will notify the parent/guardian. The parent/guardian will arrange to have the Student picked up from the program as soon as possible, if requested by Horizons. I will inform Horizons within 24 hours or the next business day, after the Student or any member of the immediate household is diagnosed with a reportable communicable disease, as defined by the State Department or Board of Health and as informed by a medical professional, except for life threatening diseases which must be reported immediately. In the event of an emergency, Horizons will notify the parent/guardian as soon as it is safely possible. In the event of a serious or life-threatening emergency, Horizons and its representatives have my permission to arrange for emergency care and to arrange for transportation to the nearest hospital (ambulance, car or other transportation). The hospital and its staff have my permission to provide any treatment deemed necessary for the safety and well-being of the Student. If I wish to withdraw this consent, I will notify Horizons in writing and state my reasons for withdrawing consent.

[ ]  I Agree [ ]  I Do Not Agree

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**AGREEMENTS AND PERMISSIONS FOR STUDENT (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Data Sharing** –I understand that Horizons will occasionally share non-identified (no names, or personally identifiable information about the Student) data with its partners (suppliers, providers, contractors, and volunteers). Horizons will keep any information that could lead to the identification of the Student out of these data sets. I understand that Horizons will provide a data release form before sharing any personally identifiable data. Horizons will always follow the requirements of the Family Educational Rights and Privacy Act (FERPA) in protecting educational data and will follow the requirements of the Health Information Privacy Accountability Act (HIPAA) in protecting medical data. I understand that I can contact Horizons with any questions about its data protection policies and practices.

[ ]  I Agree [ ]  I Do Not Agree

**Annual School Records** – I give my permission to Horizons to release the Student’s records, including assessment,

academic performance, attendance and disciplinary information to the Student’s school. This permission to release

information is to be in effect as long as the Student is enrolled in Horizons. I am aware that I may review or challenge

any records or information prior to release. All information and materials of any kind exchanged during this process will

be confidential and will not be disclosed to the Student or family.

I give permission for the Student’s school to disclose and release to Horizons the Student’s educational records for the

past year, as listed below, for the purpose of preparing for the Student’s participation in the Program. Accordingly, this

authorization remains in effect for the duration of the Student’s participation in the Program.

* Academic records (Report cards, evaluations, observations, and educational information contained in the Student’s records.)
* Attendance records and discipline records.
* Individualized education program (IEP) documents, Section 504 Plans, and nursing care plans related to IEPs, etc.
* Health records, including school nurse records, audiology reports, eye medical reports, current medication orders, and psychological assessments, all of which contains identifiable health information.

[ ]  I Agree [ ]  I Do Not Agree

By signing below, I certify that all information completed in this application is true and correct to the best of my knowledge. I understand that a false statement may disqualify the Student’s application.

**Parent/Guardian #1 Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #2 Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2020 HORIZONS SWIMMING CODE OF CONDUCT**

**FOR STUDENT (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Students**

As a swimmer at Horizons St. Louis in Kirkwood, I agree to the following code of conduct:

* Listen to the Swim Program Coordinator and to the Swim Instructor.
* Be safe. Walk, not run on the pool deck.
* Train and swim to the best of my abilities.
* Keep a positive “can-do” attitude.
* Arrive on time and be ready to go to all swim lessons.
* Respect my coaches, classmates, and instructor and only give positive encouragement.
* Exercise self-control; do not resort to fighting or excessive displays of anger and frustration.
* Be a good sport.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parents/Guardians**

My child**[ ]** cannot swim [ ]  does not swim often [ ]  has had some lessons or swims occasionally

 [ ]  can swim [ ]  swims often [ ]  has passed a swim test

Swim Level from Prior Year [ ]  White (Beginner I) [ ]  Red (Beginner II)

 [ ]  Yellow (Stroke Development I [ ]  Green (Stroke Development II)

As a parent/guardian with Horizons St. Louis in Kirkwood, I agree to the following code of conduct:

* To help my Student(s) attend the program each and every day.
* To make sure my Student(s) show(s) up on the first day of the program with a swim suit, towel, and goggles. If this is not possible, contact the Program Director immediately.
* To encourage my Student(s) that doing his/her best is important.
* To be encouraging, supportive and affirmative with regard to my Student’s performance in the pool.

I hereby give my permission for my Student to take swim lessons at Horizons St. Louis in Kirkwood at Kirkwood High School Natatorium. I declare that I have listed all health concerns for my child on the application previously submitted.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION AND BEFORE AND AFTER CARE AUTHORIZATION FORM**

 **FOR STUDENT (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Transportation**

My Student will leave the bus stop via (circle all that apply) Car Walking with Supervision Walking Alone Other

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Please provide names of those other than parents/guardians who are authorized to pick-up the Student (ex: siblings, cousins, aunts/uncles, friends, etc.) Students will only be released to individuals authorized by you on this application. Parents or guardians must call the office or provide written consent, with your signature and the name, description of the person and type of automobile, for your Student to be released to anyone not listed. Anyone listed on this form should be prepared to show photo identification upon arrival.

**Authorized Person 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student (Circle one) Mother Father Aunt Grandfather Grandmother Guardian Step-parent Uncle Sibling

**Authorized Person 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student (Circle one) Mother Father Aunt Grandfather Grandmother Guardian Step-parent Uncle Sibling

**Authorized Person 3** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student (Circle one) Mother Father Aunt Grandfather Grandmother Guardian Step-parent Uncle Sibling

Please list all persons restricted from pick up

Restricted Person 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Restricted Person 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize my Student to ride the bus to/from Horizons. I agree to pay the $50 transportation fee by April 1, 2020.

Parent Guardian Signature ­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Guardian Printed Name ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Before and After Care Authorization**

The Before and After Care morning session runs from 7-9 am and the afternoon session runs from 3:10-5 pm. The weekly full time rate is $60 per Student. Before and after care is also available on a part-time basis at a pro-rated cost ($7.50 per morning or afternoon session.)

I authorize my Student to participate in the before and/or after care program as indicated below. I understand that my Student is expected to adhere to all rules of Horizons while attending the Before and After Care program. By signing below, I understand and agree to the terms and conditions for participation and will pay the cost of full day services at $60 per Student per week or $7.50 per session for part-day services as elected. I also understand that I will be charged for late pick-up fees of $10 per day for picking up my child after 5pm. Days and weeks may vary and may be determined and paid one week in advance of when needed.

[ ]  Monday AM [ ]  Monday PM

[ ]  Tuesday AM [ ]  Tuesday PM

[ ]  Wednesday AM [ ]  Wednesday PM

[ ]  Thursday AM [ ]  Thursday PM

[ ]  Friday AM [ ]  Friday PM

Parent Guardian Signature ­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Guardian Printed Name ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

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**2020 MEDICAL INFORMATION FOR STUDENT (NAME) ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_ **Current** Grade \_\_\_\_\_\_\_\_\_\_\_\_

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**Parent/Guardian**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lives with Student? [ ]  Yes [ ]  No

Relationship to Student Mother Father Aunt Grandfather Grandmother Guardian Step-parent Uncle

Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Contact #1 (Different than Parent/Guardian)**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lives with Student? [ ]  Yes [ ]  No

Relationship to Student Mother Father Aunt Grandfather Grandmother Guardian Step-parent Uncle

Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*\*\*\*\*\* Primary Care Physician or other medical care provider \*\*\*\*\*\***

Physician Preferred Hospital (Circle) Barnes Jewish St. Louis Des Peres Mercy St. Louis Mercy South MO Baptist

Cardinal Glennon St. Clare Children’s Hospital St. Luke’s Other If other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\* Dentist \*\*\*\*\*\***

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\* Insurance Information \*\*\*\*\*\***

Healthcare Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Policy Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Policyholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please circle any health problems including physical, developmental, psychiatric, behavioral problems and special accommodations of which we need to be aware:

Asthma Allergies ADHD Anxiety Disorder Difficulty Hearing Other

If condition is not listed, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any actions to take in an emergency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student requires the following device/has the following condition (Circle all that apply.)

ADHD Amplification System EpiPen Glass or Contacts Inhaler Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If device is not listed, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2020 MEDICAL INFORMATION FOR STUDENT (Continued) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If the Student has an inhaler, EpiPen or medication that must be administered by Horizons staff, complete the Medication Administration Authorization Form and bring the form and device/medication to the Program the first day.

List any allergies (food, medicines) or dietary restrictions. Be specific. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunization Information** – Does the Student have any immunization exemptions because of a parental or guardian

objection or medical contraindication? [ ]  Yes [ ]  No If yes, list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Over the Counter (OTC) Medications** – I authorize Horizons St. Louis in Kirkwood to administer OTC medications.

Administer OTC Medications [ ] No [ ]  Yes If yes, indicate the OTC medication

Advil Ibuprofen Motrin Tylenol Children’s Tylenol Benedryl Claritin Cough Syrup Eye Drops Pepto Bismol Tums

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When (time) required to dispense medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2020 MEDICAL ADMINISTRATION AUTHORIZATION FORM - STUDENT (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form must be completed fully in order for program operators and staff members to administer the required medication or for the Student to self-administer medication. A new medication administration form must be completed at the beginning of each summer program, for each medication and each time there is a change in dosage or time of administration of a medication.

* Prescription medication must be in a container labeled by the pharmacist or prescriber.
* Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes: vitamins, homeopathic, and herbal medicines.
* An authorized individual must bring the medication to the program site and give the medication to an adult staff member.

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1. **Prescriber’s Authorization**

**Student’s First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_ Condition for which medication is being administered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this an emergency medication [ ]  Yes [ ]  No If yes, see section III.

Medication Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Route \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time/Frequency of Administration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “as needed”, Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If “as needed”, For What Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Side Effects Specific to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATION SHALL BE ADMINISTERED: during the year in which this form is dated below unless more restrictive dates are specified in this document. This space may be used for the Prescriber’s Address Stamp

From \_\_\_\_\_\_\_\_\_\_\_\_\_TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescriber’s Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt/Suite. # \_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Prescriber’s Signature (Not Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Parent/Guardian Authorization**

I request the authorized summer program operator, staff member or volunteer to administer the medication or supervise the summer Student in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, as listed below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize summer program personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

Person Authorized to Pick up medicine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Authorization for Self-Administration/Self-Carry (Optional)**

This section should only be completed if this medication is approved for self-administration. Self-carry is permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth program operators, including Horizons, are not required to permit self-administration or self-carry.

I authorize self-administration of the above listed medication for the Student named above under the supervision of the youth program operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

|  |  |  |
| --- | --- | --- |
| Prescriber’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ | Self-Carry Emergency Medication [ ]  Yes [ ]  No [ ]  Not Emergency [ ]  | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_ | Self-Carry Emergency Medication [ ]  Yes [ ]  No [ ]  Not Emergency [ ]  | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |