



Summer School/Camp Student Checklist

Below is the list of required documents for a Summer School/Camp Student at ACCEL Schools

- Enrollment Paperwork
 - Summer Camp/School Application
 - Emergency Medical Form
 - Media Release Form

Documents are only required for students that are not enrolled in ACCEL Schools:

- Birth Certificate
- Copy of parent or guardian photo ID
- Custodial/Guardianship Paperwork (if required)
- Immunization Records

Office use only
Number student

Name of Child: _____
(Only one child per form) First Middle Last

Birthdate: _____ Age: _____ Sex: F M _____ Exiting Grade: _____
(circle one)

Home Phone #: _____ Home Address: _____
Street City

What school does your child currently attend?: _____

Which site will your child be attending for the Summer School Program? _____

Circle date(s) your child will attend:

SUMMER CAMP DATES: June 6 - June 9 - "Unleash your Wild Side Camp" or July 25-28 - "Pirate Camp"

SUMMER SCHOOL DATES: June 20 - July 1st and July 11 - July 22 - **Must be enrolled at an ACCEL School to attend**

PARENT/GUARDIAN INFORMATION & EMERGENCY CONTACT

Parent/Guardian Name(s): _____

Emergency Contact Name: _____ Relationship to Child: _____

Home Phone #: _____ Cell phone #: _____ Work phone #: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Address (if different from child's): _____

Emergency Contact's Address: _____

Street City Zip Code

Emergency Contact Name: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Emergency Contact's Address: _____

Street City Zip Code

Name of Person(s) who can pick up my child -Will need to provide ID _____

My child may NOT be released to the following individuals: _____

PARENTAL CONSENT

Yes No

Is your child's annual school medical form updated and on file with the school? (If no, complete attached form)

Are your child's immunizations current and is he/she in good health?

Does your child have health concerns that program staff should be aware of? (list allergies, restrictions, etc)

Does your child take any medications regularly? List _____

May program staff perform general first aid, apply bug spray or sunscreen while in out of time school care?

May program staff photograph, videotape and interview your child for program promotion, recognizing that this information may be used on the web, television, radio and in print?

I hereby certify that by completing and signing this form, it is with my full knowledge and consent that my son/daughter/ward may participate in the Summer Programs. I understand that District and its contracted providers may use ethnic background data and that my child's teachers may share attendance and grades information for evaluation purposes. Health information on file with the school may be released in order to secure emergency medical treatment. I will attend parent/family events and communicate with staff as necessary to address my child's needs.

Parent/Guardian: _____ Date: _____

ACCEL Schools

Emergency Medical Authorization Form

(Ohio Revised Code 3313.712)

Student Name _____
Last First Middle
Date of Birth _____ Home Phone _____
Home Address _____ City _____ Zip _____
School Attending _____ School Year _____ Grade _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

| Residential Parent or Guardian | | |
|--------------------------------|---------------|------------|
| Mother's Name: | Daytime Phone | Cell Phone |
| Father's Name: | Daytime Phone | Cell Phone |

| Emergency Contacts | | | |
|--------------------|-------------------------|---------------|------------|
| Name | Relationship to Student | Daytime Phone | Cell Phone |
| 1. | | | |
| 2. | | | |
| 3. | | | |

It is extremely important that you provide **ANY** pertinent medical history or information about existing conditions that may affect your child at school.

Medical Information: _____

Medications: _____

Allergies: _____

| PART I OR II MUST BE COMPLETED | | | |
|--|--------------|---|--|
| PART I: TO GRANT CONSENT | | PART II: REFUSAL TO CONSENT | |
| I hereby give consent for the following medical care providers and local hospital to be called: | Phone Number | I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: | |
| Doctor | | | |
| Dentist | | | |
| Medical Specialist | | | |
| Local Hospital/Emergency Room | | | |
| In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) The administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; 2) The transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. | | | |
| Signature or Parent/Guardian | | Signature or Parent/Guardian | |
| Date | | Date | |

ACCEL Schools Immunization Summary for School Attendance

| Vaccines | Immunizations |
|---|---|
| DTaP/DTP/DT Diphtheria, Tetanus, Pertussis | Kindergarten 5 doses of DTaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the 4th birthday. Grades 1-12 3-4 Doses of DTaP, DTP, DT or TG or any combination. Grades 7-8 1 dose of Tdap or Td vaccine must be administered prior to entry. |
| Polio | K-1 3 or 4 doses of IPV, the final dose must be administered on or after the 4th birthday, regardless of the number of previous doses; 4 doses if a combination of OPV and IPV was administered. Grades 2-12 4 doses if a combination of OPV and IPV was administered. 4 doses of all OPV or all IPV is required in the third dose of either vaccine was administered prior to the 4th birthday. |
| MMR Measles, Mumps, Rubella | K-12 2 doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1. |
| Hib <i>Haemophilus</i> <i>Influenzae</i> Type b | None |
| HEP B Hepatitis B | K-12 3 doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks. |
| Varicella (Chicken Pox) | K-1 2 doses of varicella vaccine must be administered prior to entry. Grade 2-5 1 dose of varicella vaccine must be administered on or after the first birthday. |

According to Section 3313.671, on the 15th day after schools entrance it will be necessary to exclude all students from school who do not meet the above requirements.

Medical authorities and school educators urge that every child have a complete medical examination before entering school in order that detects, if present, may be corrected and the child be physically ready to accept all the advantages which education has to offer.

* A student who is age 7 or older, and who received TD or Tdap vaccine as the third part of the immunization series, shall not be required to receive further doses of diphtheria, tetanus, or pertussis vaccine.

**Students enrolled in school on or after the 1999-2000 school year should have received a total of four doses of polio vaccine. Students enrolled prior to the 1999-2000 year are required to have a minimum of 3 doses.

Notes:

- **The 4 day "grace" period applies to all age and interval minimums. If MMR and Varicella are not given on the same day, the dose must be separated by at least 28 days with no grace period.**
- **The Tdap and Varicella requirements will be progressive.**
- **Only full dose of vaccine using proper intervals shall be counted as valid doses.**
- **For additional information please refer to the Ohio Administrative Code 5101:2-37 for Child Attendance. These documents list required and recommended immunizations and indicate exemptions to immunizations.**
- **Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.**

ACCEL Schools Media Release

STUDENT INFORMATION FORM

TO BE COMPLETED BY PARENT, GUARDIAN or ADULT STUDENT:

Please print clearly:

Name of Participating Student Age

School

City/Town/Zip Grade

I/We understand that as part of our child's/my attendance at the School; photos, videos, and quotations may be taken for use in publications and reports about the program. I/We further understand that members of the news media invited to cover the program may take photos, videos and quotations.

I/We grant permission to the School and its Board Members, Management Company, employees, agents and representatives to use such materials for the promotion of the program and to use this student's name, photographic likeness, alone or in a group, in any publication, document, TV production, video or to release said name or likeness to any media outlets including, but not limited to, newspapers, magazines or TV stations for publicity and/or recognition purposes and/or to use this student's name and/or photographic likeness, alone or in a group, on the official web site of the School and/or Management Company.

I agree that I and/or my child shall have no right, title, or interest in any photo or videotape covered by this agreement and waive any right to compensation for such use. I release the School, its Board members, the Management Company, employees, agents, representatives and all organizations and individuals related to the School from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness as described above.

Signature of Parent or Guardian Date

Or

I/We do not give permission at this time.

Signature of Parent or Guardian Date

Acceptable Forms of Proof of Residence

- **Monthly Utility Bill (Electric, Water, Gas, Sewer, Internet, Cable, Phone, Mobile Phone)**
 - Bill must be within 90 days of enrollment date.
 - Resident name must appear on bill.
- **Pay Stub**
 - Stub must be within 90 days of enrollment date
 - Resident name and residence address must appear on bill
- **Signed Lease/Rental Agreement**
 - Must be dated and include lessor and lessee name and signatures and lease time frame.
- **Rent Receipts**
 - Must be signed by lessor and landlord, include residence address, be within 90 days of enrollment date.
- **Monthly Mortgage Statement**
 - Statement must be within 90 days of enrollment date
- **Bank Statement**
 - Bill must be within 90 days of enrollment date
 - Bank name must be on statement
 - Resident name must be on statement
- **Written Confirmation from County Auditor Office or Department of Jobs and Family Services**
- **Voter Registration Card**
- **IRS documents, Government Subsidy Documents, Official Court Documents**
 - Must include resident name and residence address
 - Must be within 90 days of enrollment date
- **Double Affidavits**
 - If student resides at a residence other than with parent or guardian, a written notarized letter must be provided with signatures of both parties stating the student lives at other person's home. The address and resident name must be provided and letter must be within 30 days of enrollment.