

DEARBORN PUBLIC SCHOOLS  
SUMMER STAND PROGRAM



**APPLICATION/PERMISSION TO PARTICIPATE & ACCIDENT WAIVER FORM**

(PLEASE PRINT)

Age \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Home Phone : \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Home Phone : \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Relative/Neighbor** who will assume temporary care of your child if you cannot be reached.

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

List any and all physical/medical conditions which may affect participation in any SUMMER STAND Program physical activity. Please explain:

\_\_\_\_\_  
\_\_\_\_\_

List any learning differences, psychiatric issues or family issues your child is dealing with: \_\_\_\_\_

List any medication student is taking: *(If your child is taking medication for ADD or ADHD, please don't take him/her off of their medication for the summer.)*

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # where doctor can always be reached \_\_\_\_\_

Doctor's Address \_\_\_\_\_

PARENT/LEGAL GUARDIAN

I, \_\_\_\_\_, give my permission for my child to participate in the SUMMER STAND Program and release the Dearborn Public Schools SUMMER STAND Program from any and all liabilities or responsibilities pertaining to accidents, injuries, or complications resulting from activities, or while transporting participants to activities. Transportation may consist of bus, van, or car. Activities will include field trips within city limits and extended field trips away from Dearborn Public Schools. A schedule will be provided.

I authorize the SUMMER STAND Program leadership to transport the above name participant to the nearest hospital in case of injury or suspected injury while the participant is involved in a SUMMER STAND Program activity.

I authorize the hospital attending physician to administer necessary emergency professional medical care to the above named participant upon his/her arrival at the hospital.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

***NOTE: THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE THE NAMED PARTICIPANT CAN BE ASSIGNED TO THE PROGRAM.***

# DEARBORN PUBLIC SCHOOLS

## SUMMER STAND PROGRAM

### Medication Authorization Form

*(Fill out only if student will be taking medication during program time.)*

Medication administered during program hours by program personnel requires written orders from a physician. Medication must be brought to the program site in a labeled pharmacist bottle each time a supply is sent.

### Physician Authorization

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Method \_\_\_\_\_ Time Frequency \_\_\_\_\_

For period from (date) \_\_\_\_\_ to \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Relevant Side Effects: \_\_\_\_\_

Special Instructions to SUMMER STAND staff: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Physician's Name (printed please) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

### Parent Authorization

I request that the SUMMER STAND Program personnel give my child:

\_\_\_\_\_  
(The medication ordered above by his/her physician)

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

***For medication to be administered at school, it must be supplied in original container, clearly labeled with the student's name, doctor's name, dosage, name of medication, and specific instruction on the time(s) for administering the medication.***

## SUMMER STAND GROUND RULES



\*RESPECT OTHER'S OPINIONS: YOU CAN AGREE TO DISAGREE.

\*AVOID PUT-DOWNS, OF YOURSELF OR OTHERS.

\*RESPECT PEOPLE'S PRIVACY: "I KNOW SOMEONE WHO..." (DO NOT USE THE PERSON'S NAME)

\*ASK WHEN YOU DON'T UNDERSTAND OR WHEN YOU NEED HELP.

\*ALWAYS ASK PERMISSION TO GO TO THE RESTROOM.

\*GIVE EVERYONE A CHANCE TO SPEAK.

\*LET OTHERS FINISH WHAT THEY HAVE TO SAY BEFORE YOU SPEAK.

\*OUR DRESS CODE IS THE SAME AS YOUR DEARBORN ELEMENTARY, MIDDLE SCHOOL, OR HIGH SCHOOL.

\*YOU MUST ADHERE TO THE DEARBORN SCHOOLS CORE VALUES.

\*YOU WILL NOT LET YOUR WORDS OR ACTIONS HURT OTHERS.

\*YOU WILL DO YOUR PART TO MAKE SUMMER STAND A SAFE PLACE BY BEING KIND TO OTHERS.

\*NO PROFANITY.

\*NO TEASING OR BULLYING.

\*TELL YOUR LEADER OR DIRECTOR IF SOMETHING MAKES YOU FEEL UNCOMFORTABLE.

\*IF YOU DO NOT FOLLOW THE GROUND RULES, YOU WILL BE ASKED TO DISCONTINUE THE PROGRAM IMMEDIATELY.

If you understand and accept the rules - please sign:

PARENT: \_\_\_\_\_

STUDENT: \_\_\_\_\_

LEADER: \_\_\_\_\_

HELP US GET TO KNOW YOUR CHILD



(PLEASE PRINT)

Child's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_ Child's Email Address: \_\_\_\_\_

Child lives with: Both Parents Mom Dad Other: \_\_\_\_\_

Parent/s-Guardian/s Occupation/s:

Dad: \_\_\_\_\_ Mom: \_\_\_\_\_ Guardian: \_\_\_\_\_

Please list the names and ages of siblings: \_\_\_\_\_

Type and name of pet/s: \_\_\_\_\_

\*My child's strengths are as follows: \_\_\_\_\_

\*My child has challenges with: \_\_\_\_\_

My child has interests in: \_\_\_\_\_

My child's hobbies are: \_\_\_\_\_

My child has played (sports): \_\_\_\_\_

My child's favorite games are: \_\_\_\_\_

My child's favorite foods are: \_\_\_\_\_

My child's least favorite foods are: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Does your child have any specific medical concerns that we should be aware of? \_\_\_\_\_

My child's fears are: \_\_\_\_\_

\*What are some challenges you would like us to address this summer? \_\_\_\_\_

\*What would you like your child to get out of Summer STAND? \_\_\_\_\_

\*Any other information you would like to share with us about your child that you may feel would be helpful? \_\_\_\_\_

PLEASE MAKE SURE TO FILL IN THE BLANKS OF ALL QUESTIONS, ESPECIALLY THOSE MARKED WITH AN \*.