

St. Jude Catholic School

930 Ashland Terrace Chattanooga, Tennessee 37415 (423) 877-6022

www.mysjs.com

AFTERCARE APPLICATION, Medication Authorization/Permission to Treat

**YOU MUST COMPLETE YOUR FAMILY, EMERGENCY AND MEDICAL INFORMATION ON FACTS.**

**STUDENT NAME(S)/GRADE(S)**

**PARENT or GUARDIAN NAMES(S)/PRIMARY CONTACT NUMBER(S)**

LIST ALL **ALLERGIES** for each student (Be Specific)

LIST ALL **MEDICATIONS** CURRENTLY TAKEN by each student:

**IF APPLICABLE, AFTERCARE DIRECTOR MUST BE GIVEN REQUIRED EPI PENS AND INHALERS for each student (EVEN IF ONE IS ALREADY KEPT IN SCHOOL CLINIC)**

In case of illness or accident and if I cannot be reached, I authorize the staff member in charge of the Aftercare program at St. Jude Catholic School to send my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to the nearest hospital to receive treatment deemed necessary by the attending physician.

**PREFERRED HOSPITAL:**

**PRIMARY PHYSICIAN’S NAME/PHONE NUMBER:**

**PARENT SIGNATURE/DATE:**

My child: □DOES □DOES NOT need to work on homework during Aftercare.

My child: □MAY □MAY NOT watch PG Rated Movies.

My child: □MAY □MAY NOT be given Tylenol.

My Child: □MAY □MAY NOT use face paint

My Child: □MAY □MAY NOT participate in water activities.

**Please list all after school activities your child will be participating in. Please indicate if they will return to aftercare when finished:**

**All students in aftercare need to return and sign in if they remain on campus, following their activity. Students are not permitted to be on school property unsupervised. Parents need to sign out their students from aftercare as usual.**

**Additional People Who may pick up student:**

**My signature below acknowledges the following:**

1. My Child(ren)’s immunizations are up-to-date and are on file at the school.
2. I understand that by registering the child(ren) above, I am assuming responsibility for all fees due for Aftercare services.
3. I have received a copy of the After School Care Policies and Licensing Requirements.
4. I understand that the program closes promptly at 5:30 p.m. and continual late pick-ups could result in additional fees and dismissal from the program.
5. **ALL CHILDREN MUST BE SIGNED IN AND OUT BY AN AUTHORIZED ADULT. THIS IS A STATE REGULATION. PLEASE USE A FULL SIGNATURE.**

**Signature of Parent or Guardian/Date:**