



Thomas Jefferson Academy
After School Program
Parental Agreement

Thomas Jefferson Academy agrees to provide after school services for (name of child)
_____ from August to May.

Before any medication is dispensed to my child(ren) I will provide a written authorization which includes: date, name of child, name of medications, prescription number, if any, dosage: date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. address, telephone numbers, work location, emergency contacts, child's physician, child's health status, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.

Thomas Jefferson Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two feet deep.

I have received a copy and agree to abide by the policies and procedures for Thomas Jefferson Academy.

Signature (parent/guardian)

Date

Signature (parent/guardian)

Date