



# Festus R-VI Summer School Transportation Form

May 30-June 28, 2018

8:10 am - 3:25 pm (No Late Start On Wednesdays)

Student Name: \_\_\_\_\_  
Last First Middle Grade Fall 2018

Date of Birth: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Name City State Zip

Mailing Address (if different than above): \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Mothers Cell Phone: \_\_\_\_\_ Fathers Cell Phone: \_\_\_\_\_

In addition to the Parents/Guardians, please list two people we can contact in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How will student get to/from school? Walk \_\_\_\_\_ Ride in vehicle \_\_\_\_\_ Ride Bus \_\_\_\_\_  
(if Bus, continue below)

Bus Transport Students ONLY:

Coming to School/From:

Home \_\_\_\_\_

Day Care \_\_\_\_\_ Name of Day Care \_\_\_\_\_ Phone \_\_\_\_\_

Babysitter \_\_\_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Relative \_\_\_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Explain \_\_\_\_\_

Leaving School/To:

Home \_\_\_\_\_

Day Care \_\_\_\_\_ Name of Day Care \_\_\_\_\_ Phone \_\_\_\_\_

Babysitter \_\_\_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Relative \_\_\_\_\_ Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Explain \_\_\_\_\_

Same Schedule every day? \_\_\_Yes \_\_\_No (If No, fill out below)

Coming to School

Leaving School

M \_\_\_\_\_ M \_\_\_\_\_

T \_\_\_\_\_ T \_\_\_\_\_

W \_\_\_\_\_ W \_\_\_\_\_

T \_\_\_\_\_ T \_\_\_\_\_

F \_\_\_\_\_ F \_\_\_\_\_

Any Medical or Physical Conditions the driver should be aware of?

\_\_\_\_\_

# Festus R-VI Summer Academy Health Form

Child's Name: \_\_\_\_\_  
Last First Middle Grade Fall 2018

Date of Birth: \_\_\_\_\_ Parent/Guardian Names: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Does your child have: \_\_\_\_\_ Seasonal Allergies \_\_\_\_\_ Food Allergies \_\_\_\_\_ Medication Allergies  
\_\_\_\_\_ Asthma \_\_\_\_\_ Seizure Disorder \_\_\_\_\_ Heart Condition  
\_\_\_\_\_ Diabetes \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ ADHD  
\_\_\_\_\_ Hearing Impaired \_\_\_\_\_ Vision Impaired \_\_\_\_\_ Other

If so, please explain condition and treatment for each:

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

Will your child have an Epi-Pen at school? \_\_Yes \_\_No Will your child have an inhaler at school? \_\_Yes \_\_No

Please list all medications your child is currently taking.

<u>Medication</u>	<u>Dosage</u>	Will the school nurse administer this medication at school?	
_____	_____	Yes_____	No_____
_____	_____	Yes_____	No_____

**Note:** All prescription and over-the-counter medications must be brought to school in its original container. All medications must be accompanied by a signed note from parent/guardian with the child's name, medication, dose, time to be given, how often, and if the prescription is to be left at school or sent home. All prescription medications must have the original label on them including inhalers and epi-pens.

**All pre-kindergarten students and out- of-district students must provide up-to-date shot records in order to attend Summer School.**

*In case of an accident or serious illness, I request school personnel to contact me or the emergency contacts above. If unable to reach me or contacts listed above, I authorize the school to make arrangements as necessary to care for my child.*

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