

2009 Summer School Schedule

K-8th-- June 4th-- July 2nd

Daily time: 7:45am-- 2:35pm

9-12th-- June 3rd-- July 2nd

Daily time: 8:15am-- 2:10pm

**Warren Co. R-III Summer School Quest
K-8 Enrollment Registration**

I. Student Information- (please print)

Please use student's legal name and current year in school.

Date _____

First Name _____

Middle Name _____

Last Name _____

Current Grade Level _____

Ethnicity _____

Gender (circle one) Male Female

Birth Date _____

Current School _____

Student Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-Mail Address _____

Emergency Contact #1 _____

Emergency Contact #2 _____

Emergency Phone _____

Emergency Cell _____

II. Transportation

Bus Transportation:

For summer school transportation the buses do not travel normal routes as during the regular school year. Designated bus stops are assigned and your student may have to be transported by personal vehicle to these areas. Please be sure to list your address so we can assign your child to the closest bus stop to you.

Will your child be riding the bus? Yes No

Current Address: _____

Address of bus drop off other than address listed above: _____

Name of Person responsible at drop off location: _____

Other Transportation: Walk _____ Car _____

Pick up by _____

Other _____

Parent/Guardian Signature _____

Date _____

**Don't Delay—Enroll NOW for this
FREE Program!**

III. Health Information

Health problems or concerns: Yes ___ No ___

If Yes, please describe: _____

Is your child currently taking medications at school? Yes _____ No _____

Name of Medication (s): _____

Is your child allergic to anything?

Yes _____ No _____

If yes, please identify: _____

Will your child need medication during Summer School? Yes _____ No _____

Name of Medication (s): _____

* if yes, child must have a medical form on site

Name and phone number of physician (s): _____

Hospital Preference: _____

In case of accident or serious illness, I request school personnel to contact me, alternate authorized persons, or the named physician. If it is impossible to contact me, authorized persons, or the physician, the school personnel may make emergency arrangements as necessary to care for my child.

Yes _____ No _____



Summer Quest Enrichment Classes

Students attending Daniel Boone Elementary for the Warren County R-3 Summer School Program will attend exploratory classes in the afternoon. The 1st grade students will rotate through these enrichment classes in the afternoon following their lunch break.



Cups, Cups, Cups! - Cup stacking fun!

Outdoor Fun - Cooperative games, fitness and fun



Games R Us - Fun with classic games and activities!



Construction Zone - Build structures using manipulatives and blocks!

Warren County R-III School District
MEDICATION POLICY

Prescription medication will be given by school personnel. Medication must have a pharmaceutical label stating (1) child's name, (2) name of medication and instruction as to dosage, time, etc. (3) name of doctor prescribing medication and, (4) a current date. Medications will only be administered as stated on the prescription label.

Parents may not send medicine with their child to school. It is the responsibility of the parent or legal guardian to bring the medicine to school.

It should not be necessary to give more than one dose of medication per day during a six-hour school day. Most medication schedules can be arranged so that all doses of medication are taken at home. Exceptions can be arranged with the school nurse.

Students who require emergency medication should have their medication properly labeled as described above. Specific written instruction needs to be provided as to when and under what circumstances medication is to be given. This information will be provided and signed by the student's physician annually.

The district may administer over-the-counter medication to a student upon receipt of a written request and permission to do so by a parent/guardian. The district will provide Advil or generic substitute, Tylenol or generic substitute, upon written permission from parent/guardian up to two (2) doses per semester. Further dosage will only occur with written doctor's permission. All over-the-counter medications must be delivered to the school principal or designee in the manufacturer's original packaging and will only be administered in accordance with the manufacturer's label.

Please check the following over-the-counter medication(s) the district is authorized to distribute to your student:

- Acetaminophen (generic Tylenol—provided by district) (Dosage by weight)**
- Ibuprofen (generic Advil—provided by district) (Dosage by weight)**
- DO NOT GIVE**

Student's Name

Grade/Teacher

Signature of Parent/Guardian

Date

Warren County R-III School District
MEDICATION AUTHORIZATION FORM

I request that the nurse or designated school staff member to give:

Name of prescribed medication/ Over the counter medication _____ at _____
Exact dosage Time

To: _____ Grade: _____ Teacher: _____

Medication to be given from _____ to _____ or as needed _____.

Condition for which medication is prescribed: _____

Precautions, possible adverse reaction and interventions: _____

I give my permission for reciprocal exchange of information from Dr. _____ to the Warren County R-III Schools regarding my child. All information received is strictly confidential.

Parent/Guardian Signature

Date

Physician's Signature

Phone Number

Please complete this form and return with properly labeled medication to the Nurse's Office.