

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 \_\_\_\_\_



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.**