

**I.H.M. CARES 2017-2018**

| Child's Name | Birthdate | Grade (Sept. 2017) |
|--------------|-----------|--------------------|
|              |           |                    |
|              |           |                    |
|              |           |                    |

Parents' / Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Parents' Cell Phone Number(s) \_\_\_\_\_

Mother's Work Place / Phone Number  
\_\_\_\_\_

Father's Work Place / Phone Number  
\_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Other Contacts Numbers**

Please list individuals to contact in the event that parents cannot be reached.

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**In the Event of an Emergency**

CARES staff will act in the best interest of the child. We will call 911 and request that the child be transported to the closest emergency room.

Your signature acknowledges your agreement with this policy.

 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FILL OUT SIDE 2**

I.H.M. CARES Program

Medical Information

Please list specific medical issues of which CARES staff should be aware (food and other allergies, the need for inhalers, chronic conditions, etc.) If your child takes medication during school hours, or has an inhaler at school, please indicate this below.

1. Child's Name \_\_\_\_\_ Medical Concern \_\_\_\_\_

Medication/Instructions \_\_\_\_\_

2. Child's Name \_\_\_\_\_ Medical Concern \_\_\_\_\_

Medication/Instructions \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Medical Concern \_\_\_\_\_

Medication/Instructions \_\_\_\_\_

Parent Signed Releases

\*Children are expected to behave in a respectful manner. Physical violence, inappropriate language, and/or a lack of self control will not be tolerated. Individuals who do not conform to these expectations will be dismissed from the program.

**MOVIES:** I hereby give my permission for my child to watch G and PG rated movies.

**BEHAVIOR:** I have read and understand the Cares Program behavioral expectations.

 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE:** The following individuals may sign my child(ren) out of the CARES Program.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Mother) (Father) ( )

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
( ) ( ) ( )

 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

LIST NAMES OF INDIVIDUALS WITH CUSTODY OR VISITATION ISSUES OF WHICH CARES STAFF SHOULD BE AWARE. ATTACH SUPPORTING DOCUMENTATION IF NECESSARY. (i.e. court orders)