



# Agassiz Baldwin Community

20 Sacramento Street Cambridge MA 02138

Phone: 617-349-6287 Fax: 617-497-4388

www.agassiz.org

## Agassiz Baldwin Afterschool Permissions Form

~ All information is required ~

**One child per form**      **Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

### Emergency Medical Treatment

I hereby give Agassiz Baldwin Afterschool permission to administer first aid and /or CPR to my child

\_\_\_\_\_ and/or take above mentioned child to the nearest hospital for  
Child's Name medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

My preference for hospital, if possible, is \_\_\_\_\_. I understand that  
Name of hospital every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

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

### General Permission

I hereby give Agassiz Baldwin Afterschool permission to take my child, \_\_\_\_\_ off the  
Child's Name premises of the school to locations within a 1/2 mile of 20 Sacramento Street. These will be walks, and if the school transports my child by vehicle, there will be a separate permission.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Bathroom Permission (as required per EEC regulations)

I hereby give permission for my child to use the bathrooms at the Baldwin School and/or 20 Sacramento Street with a buddy when a staff member is not available for direct supervision: \_\_\_\_ Yes \_\_\_\_ No

**Parent/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### School/Afterschool Communication Permission

I give the Agassiz Baldwin Afterschool permission to speak with the following contacts, which will allow us to work together for the support and positive development of my child. Please check any relevant contacts:

Classroom teacher     School psychologist     Behavior consultant     School Nurse

Other: \_\_\_\_\_

Does your child have an Independent Education Plan (IEP):      **NO**      **YES**

If yes: are you willing to share this information with Agassiz Baldwin Afterschool?      **NO**      **YES**

**Parent/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Medical/Immunization Records Acknowledgment

I hereby acknowledge that my child's medical and immunization records are on file at my child's school or have been provided to Agassiz Baldwin Community.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Your Child In Media Permission

We love to capture our memories! Photos, videos, and other media are an important way to remember the fun times we've had. On occasion ABC might also use media for marketing purposes. Please check one:

\_\_\_\_ Yes, I authorize Agassiz Baldwin Community to use media, and/or publish photographs, video, and other media of my child for commemorative and/or marketing purposes.

\_\_\_\_ No, I **DO NOT** authorize Agassiz Baldwin Community to use media, and/or publish photographs, video, and other media of my child for commemorative and/or marketing purposes.

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

**Updates to your child's allergies or chronic illnesses since registration**

\* If your child requires any medication while onsite at our program please contact us for the required forms.

Name of allergy or medical condition	Severe symptoms	Moderate symptoms	Minor symptoms	Medication provided or medical treatment necessary if a reaction
	Please describe in the appropriate box			

**Arrival/Departure Options**

**Please check relevant arrival options:**

My child will arrive at afterschool by:

- \_\_\_\_\_ School bus drop off
- \_\_\_\_\_ Parent/guardian drop off
- \_\_\_\_\_ Unsupervised walk (**requires additional form**)
- \_\_\_\_\_ Supervised walk with: \_\_\_\_\_
- \_\_\_\_\_ Other (describe): \_\_\_\_\_

**Please check relevant departure options:**

My child will depart afterschool by:

- \_\_\_\_\_ Parent/guardian pick up
- \_\_\_\_\_ Other adult pick up
- \_\_\_\_\_ Unsupervised walk (**requires additional form**)
- \_\_\_\_\_ Other (describe): \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please initial each statement and sign below**

\_\_\_\_\_ If my child will be absent, I will call the Afterschool to notify them. I understand that if I have not notified the program of my child's absence, ABC will call my emergency contacts. I understand that if no one can be reached by 4:00pm, ABC will file a missing child report with Cambridge police in accordance with ABC policy.

\_\_\_\_\_ I understand that pick-up time is 5:30 PM. A late fee will be assessed after 5:45 PM.

\_\_\_\_\_ On the first of each month during the school year, I agree to pay the monthly tuition for the number of days for which my child is registered.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_