

Gallia Academy Middle School
Recreation, Opportunities, Cultures, Knowledge & Skills (R.O.C.K.S.)
Registration Form/Consent to Participate in R.O.C.K.S. Before & After School Program

For the 2023-24 afterschool program, students enrolling in the afterschool program need to commit to regular participation according to the school delivery plan in place (in-person or remote learning). More details are included in the parent handbook. Please fill out the form below and return it to your son/daughter's classroom teacher. All students **must** return a completed consent form **before** participating in the R.O.C.K.S. program.

Student's Name: _____ Age _____ Birth Date _____ Grade _____
Homeroom Teacher _____
Home Address: _____
(Please give exact street address for busing purposes) (Town/State/Zip Code)
Parent Name: _____ Parent Address: (if different from the student) _____
Parent Phone #: _____ Work Phone #: _____
Home e-mail Address: _____

Transportation Information/Early Dismissal Consent

- Please check if your son/daughter **will be riding** a bus home from R.O.C.K.S.
- Please check if your son/daughter **will NOT be riding** a bus home from R.O.C.K.S. because they live within a one mile **walking** distance of the school.
- Please check if your son/daughter **will NOT be riding** a bus home from R.O.C.K.S. because they will be **picked up** by: parent, guardian, or other designated person(s) listed on this form.

If your son/daughter is being picking up early from R.O.C.K.S., you (parent, guardian, or other designated person) must come in the office and sign him/her out.

Please list anyone who is allowed to pick up this student other than the parent or guardian. Include the names and phone numbers of people you trust to be responsible for your son/daughter after school in the event that R.O.C.K.S. is cancelled and you cannot be reached by phone.

Name: _____ Relationship: _____ Home Phone _____ Cell Phone _____
Name: _____ Relationship: _____ Home Phone _____ Cell Phone _____
Name: _____ Relationship: _____ Home Phone _____ Cell Phone _____

Please list the student's current evening bus driver's name _____ and bus number _____

Field Trip Consent/Press Release Consent

Field trips are part of the before/after school educational program and part of the R.O.C.K.S. grant criteria. Adequate notice of field trips including destination, departure and return times will be provided for parents.

Photographs/video tapes of students participating in the R.O.C.K.S. program are used to promote the program through displays, press releases, newspaper articles, or television.

Please indicate if you give permission for your son/daughter to participate in these activities:

_____ Can _____ Cannot Participate in field trips
_____ Can _____ Cannot Be photographed for program promotion

Grant Assurances

The R.O.C.K.S. afterschool program is funded by a 21st Century Community Learning Center Grant. **Whether in-person or remote programming is delivered**, the grant guidelines **require students to attend the program regularly (30 or more days) and parents are required to participate in 3 R.O.C.K.S. sponsored family activities/events throughout the year.** Please sign below to agree to these requirements and to verify the information provided on this form.

Parent/Guardian Signature _____ Date _____

(Complete other side)

Emergency Medical Authorization

The purpose of this form is to enable parents to authorize emergency treatment for their son/daughter in the event he/she is ill or injured while under school authority, when parents cannot be reached. **(for afterschool licensing purposes, 3 contacts are required)**

People to be contacted in the event of an emergency if parent cannot be contacted:

1. Name: _____	Address: _____	
Relationship _____	Phone: _____	Cell Phone: _____
2. Name: _____	Address: _____	
Relationship _____	Phone: _____	Cell Phone: _____
3. Name: _____	Address: _____	
Relationship _____	Phone: _____	Cell Phone: _____
Physician/Clinic _____	Address _____	
City, State _____	Phone _____	
Dentist/Clinic _____	Address _____	
City, State _____	Phone _____	

In the event reasonable attempts to contact parents have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by preferred physician/dentist as listed above; or, in the event the designated preferred practitioner is not available, by another licensed physician/dentist; and (2) the transfer of the child to _____

(Preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Refusal to Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of an illness or requiring emergency treatment, I wish the school authorities to take the following action:

Date: _____ **Signature of Guardian:** _____

List food allergies: _____

List medicines and who is to give the medicine: _____

List any additional facts concerning the student's medical history, and any physical impairment to which a physician should be alerted:

Parent/Guardian signature _____ **Date** _____

Additional Information

Please list any additional information the after-school personnel may need to know concerning this student's health, safety, or general well-being.

The R.O.C.K.S. program is provided in partnership with the Gallipolis City School District, the Gallia-Vinton Educational Service Center, and the 21st Century Community Learning Center Grant.