



Student Pick Up: (List all adults, other than those listed above permitted to pick up your child.)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

STATEMENT OF UNDERSTANDING

Student's Name: _____

This outlines the client/parent liability for deliberate damages and/or vandalism to property that is under the ownership of New Bern Parks and Recreation Department. The statement "property" is defined as building exteriors and interiors as well as, the grounds property within the West New Bern Center, Stanley White Center, and the Community Resource Center.

Any member of the B.E.A.R. program who willfully damages or defaces property will be held responsible for damages (includes parent or guardian) and considered for suspension or termination from the program.

I understand that when my child's class ends for the day, B.E.A.R.'s responsibility for him/her ends and it is my responsibility to pick up my child promptly.

Please sign and initial to indicate that you have read and understand this policy.

Parent/Guardian Signature

Date

Parent/Guardian Initials: _____

Date: _____

Student Initials: _____

Date: _____



MEDICAL HISTORY

Student Name: _____ Date of Birth: _____

Height: _____ Weight : _____

Insurance Company Name _____ Policy Number: _____

Parent/Guardian Daytime Telephone Number: _____ Cell: _____

Name of Family Physician _____ Telephone Number: _____

Yes	No	Have you ever had/been? (please check appropriate column)
		Diabetes
		Epilepsy
		Heart Disease
		Asthma
		High Blood Pressure
		Back Problems
		Dislocations – If yes, to which joint?
		Seizures-If yes, what tends to trigger them?
		Muscle Spasms – If yes, what tends to trigger them?
		Are you highly sensitive to heat?
		Are you highly sensitive to cold?
		Are you currently taking medication? If yes, what? What side effects do they have?
		Are there any limitations to your activities? If yes, what?
		Allergies to medications? If yes, what?
		Allergies to insect bites? If yes, what?
		Allergies to plants? If yes, what?
		Other (Please state any other condition not listed)

I am aware of my child's general condition and affirm that he/she is fit to participate in medium to strenuous physical activity. My child will engage in all prescribed activities except for those noted by my examining physician.

Parent/Guardian Signature

Date



MEDICAL INFORMATION FORM

Student Name: _____ Date of Birth: _____

Height: _____ Weight : _____

Insurance Company Name _____ Policy Number: _____

Person carrying insurance: _____ Relationship to child: _____

Parent/Guardian Daytime Telephone Number: _____ Cell: _____

Name of Family Physician _____ Telephone Number: _____

List any medical, psychological or emotional conditions your child is being treated for at the present time: _____

List all medications he/she is currently taking: _____

List all allergies and allergic conditions of your child: _____

List any restrictions of physical activity that apply to your child: _____

List any disabilities or conditions that would prevent your child from participating in this program and any kind of special accommodations your child would need to participate in the B.E.A.R. program. _____

Medical Treatment Consent and Liability Release:

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter to receive necessary medical treatment in the event of any injury or illness while attending special programs sponsored by B.E.A.R. and I accept responsibility for the full payment of such medical treatment. I hereby hold B.E.A.R. and their representatives harmless in the exercise of this authority.

Parent/Guardian Signature

Date



DISCIPLINE AGREEMENT FORM

After school counselors have permission to discipline my child (**No Physical Contact**). However, the staff shall have the right to physically restrain my child when, in their opinion, the child is a danger to themselves or others. In order to provide a safe environment for all children, rules and regulations have to be followed on site as well as off site. No unruly behavior or abusive and/or foul language is acceptable by any after school participant. All B.E.A.R. participants must respect all property, equipment, grounds, staff, and other participants at all times. I understand that a conference may be needed to discuss problematic behavior and circumstances. The coordinator reserves the right to dismiss my child if any problems continue and are disruptive to the program. Any offenses that are deemed severe are grounds for automatic and immediate dismissal from the B.E.A.R After School Program.

1st day/time offense – Behavior is discussed with the child and the parent is notified.

2nd day/time offense – Parent is notified and written warning is issued.

3rd day/time offense – Participant receives a suspension.

4th day/time offense – Conference requested/written warning of termination is issued.

5th daytime offense – Participant is terminated from the program.

I AM RESPONSIBLE FOR:

- A. Picking up my child in case he/she is ill or dismissed from the program within 1 hour of notification
- B. Providing proof of authorization to take custody of the child.
- C. Providing an emergency contact and telephone number of someone who is responsible for the child.

I, the undersigned parent or guardian of: _____, do hereby state that I have read a copy of the B.E.A.R. After School Program's Discipline Agreement and Consent Form. I understand and agree to abide by the policies and guidelines outlined.

Signature of Parent/Guardian

Date



**NEW BERN PARKS AND RECREATION
B.E.A.R. AFTER SCHOOL PROGRAM**

SCHOOL YEAR TERM TRANSPORTATION RELEASE

I hereby give my son/daughter _____, a member of the New Bern Parks and Recreation B.E.A.R. Program, permission to:

(Please check the appropriate spaces)

_____ Travel on authorized New Bern Parks and Recreation City vehicles.

_____ Participate in all B.E.A.R. After School Program related activities, events, outings, and/or Field trips.

I hereby release, hold harmless, and forever discharge, the City of New Bern, New Bern Parks and Recreation and B.E.A.R. After School Program, its representatives, its successors and assigns, of and from any and all manner of actions, causes of actions, suits, claims and demands whatsoever, in law or in equity against which I ever had, now have or which I, my heirs, personal representatives, administrators or assigns, or any of them, hereafter can, shall or may have arising directly or indirectly out of the authorized transportation of my son, daughter or child for whom I have legal guardianship.

I have read and understand the above release in its entirety and agree to abide by all of its terms and conditions.

Parents Signature

Date

Students Signature

Date

This authorization is valid from 8/28/08 to 6/6/09