



Registration Form 3-day

Student's Name _____ Date of Birth _____ Student ID # _____

School _____ Teacher _____

Student's Address _____ Zip Code _____

Parent/Legal Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Second Parent/Legal Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

EMERGENCY PROCEDURES

Any child who appears to be ill or has had an accident will be closely checked and observed by the Balarat staff member present. In consultation with parents and the classroom teacher, the Balarat staff person in charge will make the final decision as to appropriate action. If the child has to be returned home, the following steps will be taken:

1. The Balarat staff person in charge will contact the parent/guardian regarding the illness or injury.
2. The Balarat staff person in charge will make the necessary transportation arrangements for the child.
3. The parent or legal guardian must make necessary arrangements at home to receive the child.

If the parent or legal guardian cannot be notified and immediate medical care is indicated, special emergency care and/or evacuation will be arranged through the Balarat staff, and/or emergency medical services. Please note that the Denver Public Schools does not assume financial responsibility for any medical costs that may be incurred.

To my knowledge, this student is in satisfactory health to fully participate in this activity. If he/she has diabetes, epilepsy, allergies, heart disease, or any other physical condition that requires daily medications or special attention, I have given directions.

I give permission for my child to participate in the program at Balarat from (Date) _____ to (Date) _____.
By signing this registration form I certify that the information provided is accurate.

By signing this registration form I certify that the information provided is accurate. Further, I authorize the release of my son's/daughter's Free/Reduced Lunch eligibility status to Balarat. Your child's lunch eligibility status will be held in confidence by the Balarat staff and used solely for certifying payment criteria for meals at Balarat.

The Balarat food prices are related to your child's lunch eligibility status. Your child's lunch eligibility status will be held in confidence by the Balarat staff and will be used solely for certifying payment criteria for meals at Balarat.

Please check the appropriate amount to cover your student's food costs.

___ \$33.50 (full pay) ___ \$27.50 (reduced) ___ \$26.00 (free lunch)

Please pay in cash or write a check to your student's school for the amount you owe.

Signature of Parent or Guardian _____ Date _____

Print Name _____ Relationship to Child _____

**** Continue on the back of this page****

<p>Allergies</p> <p>Does your child Have any allergies (circle one) <div style="display: flex; justify-content: space-around; width: 100%;"> No Yes </div> <p>If Yes, what is the allergen? _____</p> <p>What happens when they come into contact with the allergen?</p> <p>_____</p> <p>_____</p> <p>Do they have medication for this allergy?</p> <p>_____</p> <p>_____</p> </p>	<p>Medications</p> <p>Is your child currently taking any medication (circle one) <div style="display: flex; justify-content: space-around; width: 100%;"> No Yes </div> <p>If Yes, please attach a DPS Student Medication Request Release Agreement for <i>each medication taken</i>.</p> <p>Any medicine given while at Balarat must be in a prescription bottle and be accompanied by a current (within 20 days) written order from the student's physician and a written request from the parent or guardian to administer the medication.</p> </p>
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<p>Physical Disability</p> <p>Please list any <i>non-allergy</i> physical or medical conditions that would be helpful for us to know about your child.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Special Dietary Needs</p> <p>Please indicate below if your child has special dietary needs due to health conditions, allergies, or religious practice, (<i>NOT</i> food preferences). If there is a dietary issue please let your classroom teacher and the Balarat office know 2 weeks in advance of the trip so we can plan accordingly. Our kitchen staff can accommodate many dietary needs, but not without knowing of these needs well beforehand. Students may need to bring their own food for dietary needs.</p>		
	<p>Circle any that apply</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 5px;"> Vegetarian Vegan No pork No red meat No peanuts </td> <td style="width: 50%; padding: 5px;"> No tree-nuts No dairy No wheat/gluten Other: _____ </td> </tr> </table>	Vegetarian Vegan No pork No red meat No peanuts	No tree-nuts No dairy No wheat/gluten Other: _____
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Parent Permission for Media (Photos & Video)

Permission for photographs and interviews of students under 18 years of age can be granted to the media ONLY with parent approval. These photographs, written interview quotes and verbal interview statements will appear in information about DPS programs and people. I understand that the DPS shall not be liable for royalties, commissions, or payments of any nature to me or my child in connection with such filming, photographing, and/or interviewing. DPS assumes no liability of any nature in connection with such filming and/or interviewing.

I hereby do _____ do not _____ give my permission to DPS to allow my child to be filmed/photographed and interviewed by media.

Signature of Parent/Guardian: _____ **Date:** _____

****Please read and sign the front of this page ****

