

**Medical Information:** Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

If Personal Physician is unable to be reached, Emergency services will be contacted. **Please Initial:** \_\_\_\_\_

**Authorization for Emergency Care**

In case of accident or serious illness and Patriot Oaks Academy is unable to reach a legal guardian or myself, I hereby authorize Patriot Oaks Academy to contact the Physician indicated and follow their instructions. If it is not possible or feasible to contact the personal physician, Patriot Oaks Academy may take whatever arrangements necessary to provide care and treatment for my child.

**Signature of Parent:** \_\_\_\_\_

**Discipline Policy:** The St. John's County Code of Conduct Rules that apply during the school day also applies to Extended Day. Warnings will be given to children that are not following the rules outlined by St. Johns County, as well as, Patriot Oaks Academy. All Unacceptable behavior will be dealt with accordingly. Being part of Patriot Oaks Academy Extended Day Enrichment Program is a privilege to the child and not a right. **If a child continues to show inappropriate or disruptive behavior, they may be removed from the program to insure a safe and happy environment for the other children. Make sure to go over the rules with your child. Please pay attention to any notes sent home concerning inappropriate behavior. The policies and procedures are available on the Patriot Oaks Academy website at [www-poa.stjohns.k12.fl.us](http://www-poa.stjohns.k12.fl.us)**

**Please initial that you will support us with the discipline procedures and that you understand and agree.** \_\_\_\_\_

- **GENERAL RELEASE OF LIABILITY** - The undersigned agrees to release and forever discharge Patriot Oaks Academy Extended Day Program and the St. Johns County School District, St. Johns County School Board, their officers, servants, agents, and employees, from all claims, demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries and or property damage known or unknown to the undersigned at the present time that results from any occurrences which may happen to the fore mentioned child during time spent in the Patriot Oaks Academy Extended Day Enrichment Program, barring proven supervisory neglect.
- **Checkredi** is responsible for handling all checks returned NSF for ANY REASON. The parent is responsible for any additional fees that will be charged by Checkredi.
- **Late Pick-Up fees** - Start at 6:05 with a \$5 charge and \$1 for every minute after 6:05 pm. After 3 violations your privileges could be revoked.
- **Two-weeks notice** is required to change or drop out of program.
- I have read and understand all the Important Information outlined above and agree to policies and procedures of the Patriot Oaks Academy Extended Day Program.

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

Print Name \_\_\_\_\_