



Name	

DOB	Weight

Parental Consent Document

Over the Counter Medication Consent

Daily Medications? _____

Allergies and Reactions? _____

Please indicate which, if any, of the over-the-counter medications you would like administered to your child for complaints of simple aches and pains. We will administer dosage as per package recommendations for your child's provided age and weight.

- Ibuprofen
 Acetaminophen
 Do not administer medications

School Year Inclement Weather/Emergency Directive

On days of early dismissal due to inclement weather/emergency, my child will:

- ___ As an FFCA student, enter into the latchkey program and be billed accordingly
- ___ As a Fox student, my child will ride the bus to FFLC and be billed accordingly
- ___ Other arrangements for private pick-up will be made

It is your responsibility to notify your school of these arrangements.

If your child is brought into latchkey for any reason, you will be charged for care regardless of time spent.

Please include fee for additional services on your next payment.

Summer Session Swim Info

Because you know your child's swim abilities better than we do, we are asking for your help. We will be traveling to the pool this summer so we ask that you help us assess their needs. Please check the swim group we will begin your child in:

- ___ My child is a good swimmer. He/She may take the swim test administered by the pool lifeguards. This will allow them to swim in deep water and use the diving boards.
- ___ My child is comfortable in shallow water that does not exceed chest level. No swim gear is required so he/she may be allowed to use the slide in the shallow area of the pool.
- ___ My child is required to wear flotation arm bands that I am responsible for sending everyday in his/her backpack. Because of pool rules, they will not be allowed to use the slide at the pool. They will not be allowed to enter the water without provided arm bands.

Please remember that your child's backpack should contain a swimsuit (one-piece for girls) in a zippered plastic bag, a towel, and spray-on sunblock. If you have designated, flotation arm bands should be included as well. If your child requires an over-shirt for sun protection, it must be solid white with no writing or design as per the pool request. Please make sure that everything is clearly marked with your child's name on it.

Parent/Legal Guardian Signature _____ Date _____