

Summer Camp at St. Gabriel School

Registration Form

June 24-28 and July 8 — August 2

Five Weekly Themed Sessions (Monday—Friday)

Name of Camper: _____ Age: _____

Grade entering in School Year 2019-2020: _____

St. Gabriel School Student: Yes No (what school do they attend): _____

Dates for Camp Attending—Please circle

June 24 - June 28

July 8 - July 12

July 15 - July 19

July 22 - July 26

July 29 - August 2

Circle Tuition Option for Camper:

- ♦ \$225.00 Children in Grades K-5 for the 2019-2020 School Year
- ♦ \$225.00 Children in Grades 6-8 for the 2019-2020 School Year
- ♦ \$125.00 Junior Camp Counselors (limited to 10 Junior counselors per week pending staff approval)

Before and After Care (can be paid during the week of the camp you attend)

Before Care runs from 8:00am - 9:00am (\$5.00 per day)

After Care runs from 4:00pm - 5:00pm (\$5.00 per day) - Last pick up is promptly at 5:00pm

Please circle if you are using the extended care:

- ♦ AM only 8:00 - 9:00
- ♦ PM only 4:00 - 5:00
- ♦ Use both AM and PM entire week
- ♦ Will use a combination of both Before and After Care

Make checks payable to St. Gabriel School. **Camp payment due by Friday, June 14, 2019.**

All Camp forms can be found on the school website and must be completed before camp begins.

www.stgabrielschool.org. Please email Mrs. Pranaitis (spranaitis@stgabrielschool.org) or call 860-688-6401 with any questions.



SAINT GABRIEL SCHOOL

FIELD TRIP PERMISSION AND WAIVER

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name _____

Parent/Guardian's Name _____

Home Address _____

Home Phone _____

Business Phone _____

Cell Phone _____

I _____ (parent/guardian name) request
that my child _____ be included in the field trip and I grant
permission for him/her to participate in:

local field trips within the town of Windsor and the state of Connecticut throughout the 2019
summer camp.

As parent and/or legal guardian, I remain legally responsible for any actions taken by the above named minor
("participant").

I agree to be responsible for any damages or costs incurred by or on behalf of my child of any nature arising
from or in connection with my child attending the event, or in connection with any illness or injury or cost of
medical treatment in connection therewith.

I hereby release and discharge St. Gabriel Church Corporation, the Hartford Roman Catholic Diocesan
Corporation (the Archdiocese of Hartford,) its/their officers, directors, agents, employees, chaperones,
volunteers, successors, assigns and heirs, from any and all liabilities, suits, claims, demands, actions or
damages (including attorney's fees) incurred by me or by my child or are in any way related to or arising out
of participation in the above event, including, without limitation, all claims for property damage, personal
injuries or wrongful death, including any claims which allege negligent acts or omissions of or by St. Gabriel



SAINT GABRIEL SCHOOL

Church Corporation, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs.

I understand that by signing this form I am releasing St. Gabriel Church Corporation, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/ their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs.

Should I choose not to sign this form, I recognize that my child will not be able to participate in the above event.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child, and for the cost and expense of any medical treatment should such become necessary while my child is participating in the field trip.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child by a physician, qualified nurse and/or hospital or other health care facility while my child is participating in the field trip. Further, I hereby release and discharge St. Gabriel Church Corporation, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/ their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment.



SAINT GABRIEL SCHOOL

The field trip supervisor should be aware of the following special medical conditions of my child: (Describe condition with particularity, including any warning signs, medications, or special instructions.)

- Allergic reactions
- Asthma
- Diabetes
- Medically prescribed diet
- Medications that may need to be taken on an emergency or routine basis while my child is at the site
- Physical limitations
- Other conditions

Type of insurance – Please check Blue Cross/CMS Connecticare Other

Membership # _____

Name of child's regular physician _____

Telephone # () _____

Emergency contact name: _____

Home phone: _____

Business phone: _____

Cell phone: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Permission Slip to Apply Bug Repellent and Sunscreen

Child's Name: _____

Date of Birth: _____

Grade in the Fall: _____

Address: _____

Parent/Guardian Name: _____

Date of Camp(s): _____

Special Instructions: _____

Participant Agreement

I _____ give permission to St. Gabriel School staff

(Parent/Guardian)

to apply Bug Spray and/or Sunscreen

_____ to my child.

(Child's Name)

All sunscreen and bug repellent must be labeled with the child's first and last name.

I have tried this product on my child before: he/she did not have any type of reaction. St. Gabriel School is to be held harmless if a reaction does occur. St. Gabriel School is not responsible if the child applies his/her own sunscreen/repellent.

Parent/Guardian signature _____ Date _____

Student Image Permission Form

Dear Parent or Guardian,

St. Gabriel School hosts a website at www.stgabrielschool.org as well as a school Facebook page. Occasionally we wish to post a picture of a particular school activity or student accomplishment such as a science project, a play, artwork, sporting event, or other activity. This may involve posting a picture showing a student, a group of students, or a sample of a student's work. We may also use these photo in brochures, posters, and in various other school publications. Videos produced by the school and / or its students and featuring benefits and activities of St. Gabriel School, may also be posted on our website and Facebook pages.

If students' images or works are used in any of these print or electronic contexts:

- Only first names shall be used if referencing student pictures or scanned classroom work.
- Personal information will not be published.
- Documents will not include information that indicates the physical location of any student at a given time other than attendance at a particular school or participation in an activity.

Before posting pictures of students, samples of student work, or videos featuring students, we require that the parent(s)/guardian(s) sign the permission form below. ***Please be aware that images of students may also be shared with the Office of Catholic Schools for use in their electronic and print media. Your permission would cover this usage as well.** We will keep this signed form on file for this school year.

Student Image Permission Form

I **grant** St. Gabriel School permission to use photo or video images of my son/ daughter or a sample of his/ her work such as a poem, story, artwork, etc. on the St. Gabriel School website or Facebook page or in other print or electronic media.

Please place a checkmark below to indicate which permission(s) you grant and then sign and date as indicated.

St. Gabriel School has permission to post samples of my son/daughter's schoolwork in its media.

St. Gabriel School has permission to post pictures or videos of my son/ daughter in its media.

St. Gabriel School has permission to share my son/daughter's photos or videos with the Office of Catholic Schools.

I **do not grant** St. Gabriel School permission to use photo or video images of my son / daughter or a sample of his / her work such as a poem, story, artwork, etc. on the St. Gabriel School website, Facebook, or in other print or electronic media.

I **do not grant** St. Gabriel School permission to share photo or video images of my son / daughter with the Office of Catholic Schools for use in their electronic or print media.

Print Name of Student _____

Print Name of Parent(s) /Guardian(s) _____

Signature of Parent(s) / Guardian(s) _____

Date _____

NOTE: This agreement will be in effect as of the date signed and may be revoked at any time by contacting your son's or daughter's school principal.

HEALTH HISTORY
(new students)

FAMILY DATA

Child's Name _____ Date of Birth _____

Physician _____ Dentist _____ Hospital _____

Mother's Name _____ Home Phone _____

Home Address _____

Father's Name _____ Home Phone _____

Home Address _____

MEDICAL HISTORY

Has your child had any of the following:

Asthma	Yes _____	No _____	Don't Know _____
Convulsions	Yes _____	No _____	Don't Know _____
Heart Condition	Yes _____	No _____	Don't Know _____
Rheumatic Fever	Yes _____	No _____	Don't Know _____
Sickle Cell History	Yes _____	No _____	Don't Know _____
Chicken Pox	Yes _____	No _____	Don't Know _____
Frequent Ear Infection	Yes _____	No _____	Don't Know _____

Is your child on long term medication? If yes, please explain: _____

Does your child have allergies? Insect bite _____ Bee stings _____ Food _____ Medication _____
Other: _____

Has your child ever had surgery? If yes, Date and type _____

Has your child been seen by a specialist? If yes, please explain: _____

Has your child had any significant illness or injuries we should be aware of? If yes, please explain: _____

Is there anything you think we should know about your child? If yes, please explain: _____



Saint Gabriel School
77 Bloomfield Avenue
Windsor, CT 06095

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Medical Provider's Order

TO BE COMPLETED BY THE PRESCRIBER ONLY
 ORDERS COMPLETED BY A PARENT OR GUARDIAN WILL NOT BE ACCEPTED

Health Condition for which drug is being administered during school hours: _____

Drug: Generic Name: _____ Brand Name: _____

Dosage: _____ Concentration: _____

Method of Administration: _____ Time or Frequency: _____

Food or Medication Allergies: _____

Dates medication shall be administered: from _____ to _____

Medication to be: _____ administered by school personnel
 _____ self-administered by the student in the presence of school personnel*

**Medical Provider's Statement Regarding Self-Administration: By signing below, I attest that it is my professional judgment that this child is capable of being solely responsible for his/her medication, is capable of administering this medication himself/herself and that this is my recommendation. I also attest that this child has been appropriately and adequately instructed regarding self-administration.*

Is this a controlled drug? Y N [If yes, DEA number: _____] Is this an investigational drug? Y N

Relevant side effects to be observed, if any: _____

If side effects occur, plan for management: _____

Medical Provider Signature _____ Date _____

Medical Provider Printed Name _____

Address _____ Phone _____

Parent/Guardian's Consent

Connecticut State Law, as specified in Section 10-212a-1 of the Connecticut General Statutes, requires a written order of a medical provider (physician, nurse practitioner, physician's assistant, dentist, or optometrist) and the written authorization of a parent or guardian of such child for a school nurse or, in the absence of such nurse, the principal or any trained teacher to administer medications.

- Medications must be in original pharmacy prepared containers with intact prescription labels
- Over-the-counter medications must be in unopened original containers
- All medications must be brought in and picked up by a legally responsible adult

Name of Child _____ DOB _____ Grade _____

Address _____ Date _____

I hereby request the medication for my child, as ordered by the authorized prescriber above, be:

_____ administered by school personnel
 _____ self-administered by the student in the presence of school personnel (not recommended for students under age 12)

I understand that I must supply the school with the prescribed medication in its original container, with an intact prescription label, and will provide no more than a 90-school day supply of said medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the end of the school year. I give permission for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of said medication.

Parent/Guardian Name _____ Relationship to Child _____

Parent/Guardian Signature _____ Date _____