



Natick Public Schools
Integrated Summer Program
Volunteer Registration 2018

Student: _____ **DOB:** _____ **Age (as of 7/1/2017):** _____

Parent/Guardian: _____ Address: _____

Phone/Cell: _____ Email: _____

Employer: _____ Work Phone: _____

Emergency Contact Information: _____

Please check the weeks you plan to have your child attend:

☐ **Week 1**
(7/9-12)

☐ **Week 2**
(7/16-19)

☐ **Week 3**
(7/23-26)

☐ **Week 4**
(7/30-8/2)

☐ **Week 5**
(8/6-8/9)

All volunteers should bring have a community service documentation form that can be found in the Natick High School Guidance Office, which will be signed off on the last day of the student's volunteering.

Medical Emergency: I, parent/guardian of above named child, give approval for said child to participate in NPS Integrated Summer Program activities. I assume all risks/hazards inherent in these activities and release, absolve, indemnify and hold harmless Natick Public Schools. In case of injury, I hereby authorize medical/surgical services as ordered by a qualified physician, including emergency services of any hospital for injury/illness occurring while my child is under supervision of Natick Public Schools.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Relationship: _____

Health Insurance Provider/Policy # _____

Child's Physician Contact Info: _____

Alternative Emergency Contact: _____

Relationship: _____ Phone: _____

**Please return completed form to Office of Student Services, NPS, 13 East Central Street,
by March 31st, 2018.**

Please find a copy of the Student Health and Emergency Information form attached. Both sides must be completed and returned with tuition payment before your child will be permitted to attend the Natick Public Schools Splash Summer Program.



Natick Public Schools
Integrated Summer Program
Volunteer Registration 2018

Volunteer and Parent Copy

Summer Play, Learn, Art and Social Happenings

The Natick Public Schools is offering a small integrated summer program for our students to experience a wide variety of activities that will enhance learning, communication and social skills. Activities will be planned around weekly themes that will be fun, exciting and relevant to school-age learning.

Program takes place from July 9th to August 9th (Monday, Tuesday, Wednesday and Thursday from 8:30 am to 3pm).

□Week 1
(7/9-12)

□Week 2
(7/16-19)

□Week 3
(7/23-26)

□Week 4
(7/30-8/2)

□Week 5
(8/6-8/9)

The program will be held at:

Natick High School 15 West Street

All volunteers should bring have a community service documentation form that can be found in the Natick High School Guidance Office, which will be signed off on the last day of the student's volunteering.

Completion of Forms: Parents/Guardians please fill out the attached forms, including Health and Emergency Information and submit to The Office of Student Services, NPS, 13 East Central Street. All forms must be completed and **received by March 31st** in order to enroll student in program.

Volunteer and Parent Copy
(Please keep this page for your records)

PLEASE PRINT CLEARLY

STUDENT HEALTH AND EMERGENCY INFORMATION PLEASE COMPLETE BOTH SIDES

Complete the following information and return to school immediately. Contact the summer school nurse @ 508-647-6604 with any questions.

Student's Name _____ Address _____

Last / First

Home Phone (____) _____ School Attended June 2018 _____ Sex _____ D.O.B. _____

Please circle one:

Father/Mother/Guardian/Other _____

Home phone (____) _____

Home Address _____

Pager/cell (____) _____

e-mail address _____

Work phone (____) _____

Please circle one:

Father/Mother/Guardian/Other _____

Home phone (____) _____

Home Address _____

Pager/cell (____) _____

e-mail address _____

Work phone (____) _____

Please list another emergency contact person for the nurse to contact if the parents/guardian is unavailable.

Name
Relationship
Contact phone

*In case of an emergency the school will attempt to contact parent/guardian before calling student's primary care provider (physician).
Your child will be transported by ambulance to an emergency care facility if necessary.*

Physician Name _____

Phone (____) _____

Dentist Name _____

Phone (____) _____

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school and/or emergency medical personnel when needed to meet my child's health and safety needs. I give permission for the nurse to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.



Signature _____

Date _____

VERY IMPORTANT ~ PLEASE COMPLETE BOTH SIDES

HEALTH HISTORY

Please list all medications that your child takes _____

Please check all that apply to your child

☐Diabetes ☐Asthma ☐Seizure Disorder ☐Heart condition ☐ADD/ADHD ☐Migraines ☐Depression

☐Other (specify)_____

☐Allergies (food, insects, medication, environment - Please specify) _____

ACETAMINOPHEN (generic Tylenol)/IBUPROFEN PROTOCOL / PERMISSION

1. Acetaminophen/Ibuprofen will only be given with the signed permission of the parent/guardian.
Telephone permission is NOT ACCEPTED.
2. After the nurse assesses the student, acetaminophen/ibuprofen will only be given for minor discomfort such as: occasional headache, menstrual cramps or orthodontic braces. IT WILL NOT BE GIVEN FOR AN ELEVATED TEMPERATURE OR PAIN OF A SERIOUS NATURE.
3. Acetaminophen/Ibuprofen will only be given once during the school day.
4. The nurse will
 - a. Assess the student's condition and evaluate the need for medication.
 - b. Review the permission slip.
 - c. From preschool - Grade 4 the nurse will CALL the parent/guardian. If unable to reach parent/guardian and 4 hours have elapsed since school started, Acetaminophen/Ibuprofen will be given.
 - d. At the middle and high school level, Acetaminophen/Ibuprofen will be given at the nurse's discretion.
 - e. Acetaminophen/Ibuprofen will be given according to the guidelines established by the school physician.

Please check one

- ☐ I **give permission** for _____ to receive Acetaminophen/Ibuprofen one time during the school day. (Student's name)
- ☐ I **do not give permission** for _____ to receive Acetaminophen/Ibuprofen one time during the school day. (Student's name)

✓

(Parent/guardian signature)

(Date)

PLEASE NOTIFY THE SCHOOL NURSE IF THERE ARE ANY CHANGES IN THE EMERGENCY FORM.

VERY IMPORTANT ~ PLEASE COMPLETE BOTH SIDES

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR,
LICENSING AND HOUSING PURPOSES

NATICK PUBLIC SCHOOLS is registered under the provisions of M.G.L.c.6., 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to NATICK PUBLIC SCHOOLS to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing NATICK PUBLIC SCHOOLS with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The NATICK PUBLIC SCHOOLS may conduct subsequent CORI checks within one year of the date of this Form with signed by me provided, however, that NATICK PUBLIC SCHOOLS must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information Provided on Page 2 of this Acknowledgement Form is true and accurate.

Please check one and complete school information:

- ☐ Employment: Applicant --- position/school: _____
- ☐ Employment: Current Employee – position/school: _____
- ☐ Employment: Sub-contractor – company/type position: _____
- ☐ Volunteers/Interns: Applicant school: _____
- ☐ Volunteers/Interns: Current school: _____

Telephone #: _____ Email: _____

Signature Date

Please note: This form must be submitted with a photo ID

NATICK PUBLIC SCHOOLS

13 East Central Street
Natick, MA 01760

CORI REQUEST FORM

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth Place of Birth

Last Six Digits of Your Social Security Number (this is required information): XXX- -

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Print)

Signature of Verifying Employee

11/27/2012