

Ilan Ramon Day School

**PARENTAL INFORMATION AND AUTHORIZATION**

In order to serve you better, we are requesting you complete the following information, check the correct boxes and return this form to the school office as soon as possible.

**Family name:** \_\_\_\_\_

**Names of child/children attending Ilan Ramon Day School in 2017-2018**

<u>Name</u>	<u>Grade</u>	<u>Name</u>	<u>Grade</u>	<u>Name</u>	<u>Grade</u>
_____	_____	_____	_____	_____	_____

**Names and ages of siblings**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ 3) \_\_\_\_\_

**Parent/s Information e-mail addresses**

Father/Parent 1 Occupation _____ Business Name _____ Business phone _____ Email _____	Mother/Parent 2 Occupation _____ _____ _____ _____
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Are you affiliated with a synagogue? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of synagogue \_\_\_\_\_

**PERMISSION TO LEAVE SCHOOL GROUNDS**

Yes, I give permission for my child/children \_\_\_\_\_ to leave school grounds and go on educational excursions for the school year. I will not hold the school responsible in case of an accident during the time when my child is being transported to and from the destination, as well as, the time at the locale.

**PERMISSION TO BE PHOTOGRAPHED AND/OR VIDEOTAPED**

Permission is given \_\_\_\_\_/denied \_\_\_\_\_ for my child/children \_\_\_\_\_ to be photographed/video taped or have their voice recorded in the regular course of school activities. Such photographs or recordings may be used or distributed for any purpose the Ilan Ramon Day School deems appropriate. It is understood that no compensation will be paid to, or for the benefit of, my child on account of the use or distribution of such photographs/videos or recordings.

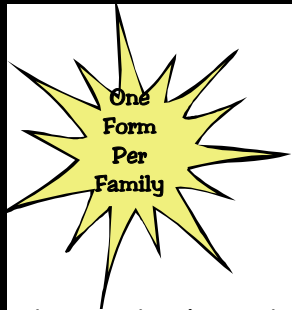
MOTHER SIGNATURE

FATHER SIGNATURE

DATE

\_\_\_\_\_

**ORIGINAL SIGNATURES ARE REQUIRED.**



ILAN RAMON DAY SCHOOL

MAJOR DISASTER CHILD CARE AUTHORIZATION

The undersigned parent(s): \_\_\_\_\_ of:
Please print (Father/Legal Custodian) (Mother/Legal Custodian)

Child(ren)'s Names (print): \_\_\_\_\_

hereby grants Ilan Ramon Day School (caretaker), 27400 Canwood Street, Agoura, California, and its staff, the authority to take temporary care of the above-named child(ren):

This grant of temporary authority shall begin on the first day of the 2017/2018 school year, and shall remain effective through the last day of the school year.

The above named caretaker shall have the following powers:

- The power to move children from and to school grounds in case of fire, flood, earthquake, other natural disaster or civil unrest, to use private vehicles to aid in the evacuation, to hold children in another location until picked-up by an authorized adult.
The power to administer first aid, authorize medical treatment or medical procedures in an emergency situation.

Parents or legal guardians shall hold Ilan Ramon Day School, its directors, professional staff, employees, and volunteers aiding in the evacuation, not responsible or legally liable for any injury to person or property as a result of the emergency movement of children to or from the school grounds or while children are off the school grounds.

This authorization is for use during a sudden disaster only and does not authorize movement of the children during a prearranged field trip activity or emergency medical treatment for non-disaster injuries.

Dated: \_\_\_\_\_

(Parent/Legal Custodian Signature)

(Parent/Legal Guardian Signature)

Two Signatures Required (if applicable)

## 2017-2018 REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

Ilan Ramon Day School is only allowed to administer medication to your child in accordance with the guidelines set by the State of California. This includes both over the counter and prescription medication. ***If your child needs any medication, including over the counter medications such as Tylenol or Advil, it cannot be dispensed without a signed authorization BY YOUR CHILDS HEALTH CARE PROVIDER***

I give my permission for Ilan Ramon Day School to administer **OVER THE COUNTER MEDICATION OR PRESCRPTION MEDICATION**, such as Tylenol, Advil (circle), or other indicated, to my child (dosage & instructions are noted below). I am providing medication in its original container.

CHILD: \_\_\_\_\_  
(Last name) (First name) (DOB) (Gender)

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The pupil for whom this medication is authorized is under the care of and authorized to have

\_\_\_\_\_  
Name of Licensed Health Care Provider Signature of Health Care Provider Date

\_\_\_\_\_  
Address City/Zip Telephone

### OVER THE COUNTER MEDICATION

Indicate dose of Tylenol: Liquid \_\_\_\_\_ Chewable \_\_\_\_\_ Pill \_\_\_\_\_

Indicate dose of Advil: Liquid \_\_\_\_\_ Chewable \_\_\_\_\_ Pill \_\_\_\_\_

Other over the counter medication: \_\_\_\_\_

Dispensing directions: \_\_\_\_\_

### PRESCRIPTION MEDICATION

Name of Medication: \_\_\_\_\_

Dosage Prescribed: \_\_\_\_\_ Time Schedule: \_\_\_\_\_

Dosage Form: \_\_\_\_\_ Duration of Prescription: \_\_\_\_\_

Special Recommendations/Comments: \_\_\_\_\_

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Name of Medication: \_\_\_\_\_

Dosage Prescribed: \_\_\_\_\_ Time Schedule: \_\_\_\_\_

Dosage Form: \_\_\_\_\_ Duration of Prescription: \_\_\_\_\_

Special Recommendations/Comments: \_\_\_\_\_

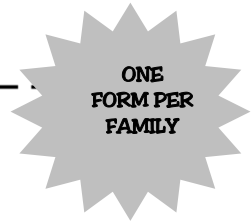
**ATTENTION ILAN RAMON DAY SCHOOL GRANDPARENTS**

2017-2018 promises to be another great year at Ilan Ramon Day School! In an effort to engage our grandparents we will be hosting a number of different activities on campus. These activities will allow grandparents to participate in their grandchildren's Ilan Ramon Day School experience. A few of the activities will include a reading program, class volunteers, Intergenerational Shabbat, holidays, etc.

We also have an active grandparent fundraising program. We will continue this program and ask you to consider including your grandparents. Solicitations are sent during our annual giving campaign and we have had great success with our grandparents in the past.

In order to invite our grandparents to participate, please complete the following information and return it in the registration packet. We ask that you use the full name of the grandparent, as mailings will be sent.

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GRANDPARENTS' INFO



Child's First Name(s) \_\_\_\_\_  
Child's Last Name(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

Please check this box if you would like them to receive our weekly Shalom Bayit newsletter.

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_