

OAKHAM COUNTRY DAY SCHOOL
School Age Student Application & Emergency Information

Student Name: _____

Address: _____
(Street) (Town) (Zip)

Home Phone: _____ Primary Language _____

Email: _____

Date of Birth: _____ Place of Birth _____

Child's Identifying Information (Required by the Office for Children Regulations):

Sex: _____ Eye Color: _____ Hair Color: _____ Ht: _____ Wt: _____

Identifying Marks: _____

Allergies: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Relationship to child _____ Relationship to child _____

Phone #'s: Parent/Guardian #1 (cell) _____ Parent/Guardian #2 (cell) _____
Home/work _____ Home/work _____

Home Address _____

Child's Physician _____ Telephone # _____

Address _____

Current School: _____ School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials:** _____

Parent /Guardian Signature: _____ Date: _____

DAYS: M ___ T ___ W ___ TH ___ F ___

Hours _____

Oakham Country Day School

Authorization and Consent

Emergency Medical Treatment

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Oakham Country Day School to transport, or arrange with appropriate emergency personnel to transport, my child to the nearest hospital and to secure my child for necessary medical treatment. I understand that the teachers at Oakham Country Day School are trained in the basics of First Aid and I authorize them to give my child First Aid when appropriate.

Parent Signature: _____ Date: _____

Release of Child to Non-Custodial Parent or Others (Please check all that apply)

I authorize Oakham Country Day School to release my child to the following people:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

LIVES WITH: _____ CALL FOR EMERGENCY: _____ PICK-UP IF NEEDED: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

LIVES WITH: _____ CALL FOR EMERGENCY: _____ PICK-UP IF NEEDED: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

LIVES WITH: _____ CALL FOR EMERGENCY: _____ PICK-UP IF NEEDED: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

LIVES WITH: _____ CALL FOR EMERGENCY: _____ PICK-UP IF NEEDED: _____



Oakham Country Day School
971 Old Turnpike Road
508 882-3198

Dear Parents:

Throughout the year, parents/guardians are asked to give the personnel at Oakham Country Day School permission to do the following activities with their child. Please check off any or all items listed that pertain to your child. Your signature will be valid for one year and placed in your child's file. Adjustments however, can be made at any time.

My child, _____, may participate in the following activities while in the care of the personnel at Oakham Country Day School.

Parent/Guardian: _____

Date: _____

- Application of hand sanitizer as needed
- Application of sunscreen or insect repellent as needed
- Pictures taken for bulletin board displays or special occasions
- Pictures taken can be posted on Instagram/Facebook Page for educational purposes

Please return as soon as possible. If you have any questions or concerns, please don't hesitate to ask.

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

___ PARENT DROP OFF

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT PICK UP

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION