

Please read this page carefully. A Parent/Guardian signature is required in **three (3) places**.

Lack of a signature could jeopardize your child's registration.

Return to: **The Heldeberg Workshop, P.O. Box 323, Voorheesville, NY 12186-0323**

GENERAL PERMISSION: My child _____ has permission to participate in all activities of the program of the 2018 Heldeberg Workshop Fall Session. I give permission to the Heldeberg Workshop to administer First Aid and to use pictures of my child taken at Workshop activities. I understand that the Instructor reserves the right to withdraw any student who is disruptive in class, and that *no refund will be made in such cases*.

(1) PARENT/GUARDIAN _____ **DATE** _____
*The general permission **MUST BE SIGNED** to ensure registration processing!*

During Workshop hours: Parent 1 can be reached at: _____ Parent 2 can be reached at: _____

In case of emergency and parents cannot be reached, call:

Parent Designate: _____ Phone: _____

Pediatrician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

Privacy Notification

Because the form below asks for personal information, the Personal Privacy Protection Law requires that you be given this notice. Information requested on this form is pursuant to Public Health Law 225, 7-28. Information is needed to alert Workshop administration of special medical needs of the student population. It will be treated as confidential medical information, and will be given to appropriate medical service providers in case of emergency. Health Concerns (below) will be shared with Workshop personnel on an as needed basis. This form will be on file with the Workshop medical director, at our workshop location (518) 765-2777. Failure to provide this information will result in the student not being allowed to attend.

NEW STUDENTS MUST ATTACH A CURRENT IMMUNIZATION RECORD SIGNED BY A PHYSICIAN OR A SCHOOL HEALTH RECORD.

IMMUNIZATION RECORDS SUBMITTED LAST YEAR STILL ARE ON FILE FOR PAST STUDENTS.

MANDATORY UPDATES OF IMMUNIZATION RECORDS ARE REQUIRED TO REFLECT ANY CHANGES.

MANDATORY UPDATES OF IMMUNIZATION RECORDS ARE REQUIRED AT AGE 11.

Child's Birthday: ____/____/____

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW

Safety is a priority for the Workshop. We need the most complete and accurate information that you can provide, for the protection of our child and all children attending the Workshop. Students at the Workshop are expected to participate in reasonably strenuous activities which may include hiking, climbing, and running in our outdoor setting. Please consider this when deciding if your child has any health concerns we should be aware of.

Health Concerns: please check any that apply:

- Allergies: Bee stings Latex Foods _____
- Asthma Diabetes Seizure disorder Anxiety ADHD
- Chronic disease _____ Special Needs _____
- Other: Please list any accommodations needed: _____

MEDICATION NEEDED DURING WORKSHOP HOURS: _____

CHILD'S PHYSICIAN MUST SIGN & COMPLETE MEDICATION FORM (on website)

Parent/Guardian must sign form. This form must be sent in with REGISTRATION.

Please have the MD provide orders dated for the Workshop. Parents must supply medication in the original pharmacy container.

(2) Parent/Guardian Signature _____
MUST BE SIGNED

Every Workshop class, in order to be successful, needs the active cooperation of every student. The Workshop expects that every student will follow class rules established by the teacher. Disruptive behaviors prevent other students from learning and enjoying their time at the Workshop; they may also present a health and safety risk.

Serious health and safety issues or repetitive disruptive behavior will result in the child being removed from the program. Parents will be contacted by phone to come and pick up their child.

Please discuss behavior expectations with your child prior to the start of the Workshop program. The Workshop wants every child to have a positive and productive experience at our programs.

(3) Parent/Guardian Signature _____
MUST BE SIGNED