



# 2023 Summer of Adventure SUMMER of DISCOVERY

held at Lakeside High School 10:00 am – 4:30 pm

Tuesdays, Wednesdays & Thursdays June 13 – July 20

An After School Discovery program for students entering 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grade students at Lakeside High School  
Business Office 440-993-1060

Student Name (Print) \_\_\_\_\_  M  F  
Last First

2022/2023 School \_\_\_\_\_ current grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents/Guardian (print) \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Ethnicity  Asian  Black/African American  Hispanic  White  Mixed

- My child has an IEP (Individualized Education Plan)
- My child has Special Needs
- I want my child to have a dental check with CDI Dental Services if available
- My child will miss the following days: \_\_\_\_\_

### Transportation:

- I will transport my child from/to home to **Lakeside High School**. They will be released to any of the following: (*Parent pick up location at 4:30 pm is at the front of the school in the parents pick up lane*)  
Adult name \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_  
Adult name \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_  
Adult name \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

**OR**

- I need transportation through approved transportation services to/from my home. I give my permission for my child to be transported to and/or from Lakeside High School by Richmond Transportation.

A. After School Discovery, Inc. (ASD) occasionally uses students' photographs, pictures, or works created for promotion or other uses, including media releases and web site postings. I grant to ASD as the sole owner, the right to photograph film and otherwise use my child's likeness and created works without any compensation whatsoever and understand that pictures may appear on social media.

B. After School Discovery, Inc. (ASD) works closely with the Ashtabula Area City Schools and is requesting your consent for records to be released between your school and ASD to aid in present and future educational plans.

C. I give permission for my child to participate in routine "field trips" between common areas on the Lakeside Elementary campus.

**D. I give permission for my child to attend any field trip off campus with an approved transportation with proper notification as to where they are going.**

I hereby warrant that I am the parent and/or legal guardian of the above named child and that I have the authority and authorization to sign this application form on behalf of said minor child. By signing below, I also agree to the statements above. If I am not in agreement with any of the above statements, I will inform After School Discovery in writing of my intentions.

Parent/Guardian Signature **X** \_\_\_\_\_

Parent/Guardian (Print) \_\_\_\_\_ Date \_\_\_\_\_

Mail back full application to ASD, PO Box 113, Ashtabula, OH 44005-0113 or have student take completed form to school office.

**Please complete ALL sides**

Summer 2023

## EMERGENCY CONTACT AND HEALTH INFORMATION

**Emergency Contacts:** **Parents cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to assist in contacting you or at least one person listed must be within one hour of the school and able to take responsibility for the student in case you cannot be contacted.

Name ( <b>not the custodial parent of the registered child</b> )		Name ( <b>not the custodial parent of the registered child</b> )	
City	State	City	State
Telephone Number	Relationship to student	Telephone Number	Relationship To student
Name or Physician or Clinic/Hospital			
Street Address			
City	State	Telephone Number	

### Emergency Transportation Authorization

<b>Give <u>Permission</u> to Transport</b>	<b>OR</b>	<b>Do Not Give <u>Permission</u> to Transport</b>
<b>AFTER SCHOOL DISCOVERY</b>		
<b>has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		<b>does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. <b>I wish for the following action to be taken:</b>
Parent/Guardian Signature <b>X</b>		Date
		Date

Does your child have any food, medication or environmental allergies? (check all that apply)

No     Yes – check all that apply

Food     Medication     Environmental

Please list and explain:

Does your child's allergy/allergies require staff to monitor child for symptoms, take action if a reaction occurs or give emergency medication to your child?

No     Yes – please explain

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Does your child need an epi-pen?     No     Yes

Does your child use an inhaler?     No     Yes

How often is epi-pen/inhaler needed?

When is epi-pen/inhaler needed?

Under what circumstances is epi-pen/inhaler needed?

Child will take responsibility for carrying their inhaler at all times.

**OR**

Inhaler/epi-pen will be given to ASD staff **on the first day** in the original box with the prescription label attached. **NOTE: additional paperwork will need to be completed by the child's doctor before your child can attend.**

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Does your child have a special health or medical condition that staff need to know about? (check one)

No     Yes – please explain

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Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one)

No     Yes – please explain

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Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)

No     Yes – please explain

**Please complete both sides**