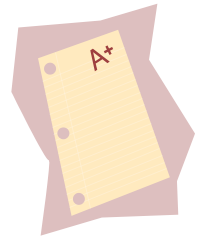


Homework Club



Starts: Tuesday, October 18th
When: Tuesdays, Wednesdays & Thursdays
Time: 2:15 - 3:15
Where: Tuesday & Thursday Miss Corbin's room #208
Wednesday Mrs. Fava's room #219



Students may come 1, 2 or all 3 days. Great opportunity to get homework completed in a quiet environment.

2:15-3:15 on the following days

TUESDAY WEDNESDAY THURSDAY
(PLEASE CIRCLE DAY(S) ATTENDING)

Parents are responsible for picking up children @ 3:15. We appreciate your promptness.

I, _____, am the parent/guardian of
_____, a minor, who desires to participate in the following school activity: **HOMEWORK CLUB**

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the above described school activity.

In consideration of the permission granted to my child to participate in the above described activity by Windham Schools, I release and hold harmless Windham Schools, it's agents, employees, and officers, from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

In witness whereof, I have signed this document on the

_____ day of _____, 20_____.

Parent/Guardian - Signature

Address

Telephone Number

1. Please read entire form. If there is anything about this form or the described activity that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.
2. Fill in ALL the blanks neatly.
3. If you have more than one child participating, complete one form per child.
4. Please fill out the following Health Form.

WINDHAM MIDDLE SCHOOL
Health Information Sheet
HOMEWORK CLUB

Instructions:

This form will be provided to the doctor or medical personnel to which you child is taken in the event of a medical emergency while at a school sponsored activity. Please complete ALL sections as accurately as possible.

STUDENT'S NAME _____

HOME ADDRESS _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

EMERGENCY CONTACTS:

MOTHER _____ PHONE _____ CELL _____

FATHER _____ PHONE _____ CELL _____

OTHER CONTACT _____ PHONE _____ CELL _____

DOCTOR _____ TELEPHONE _____

GENERAL INFORMATION:

FOOD OR DRUG ALLERGIES: _____

OTHER ALLERGIES: _____

DATE OF LAST TETANUS SHOT: _____

PRESENT MEDICATIONS: _____

CHRONIC MEDICAL PROBLEMS: _____

OTHER ITEMS OF CONCERN: _____

PARENTAL AUTHORIZATION

In case of medical emergency, in the event I cannot be reached, I authorize Windham Schools, its agents, employees, and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child or under the supervision of any duly licensed doctor, dentist or surgeon.

Date

Parent/Guardian

Health Insurance Company

Policy Number