

**ENGAGING PROGRAMS & INSPIRED CONNECTIONS (EPIC) – REGISTRATION
2020-2021 SCHOOL YEAR**

EPIC Site location: Rutland Middle School _____ Rutland High School _____

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Physical Address: _____

Phone Number: Home: _____ Cell Phone: _____

Work Phone: _____ Email: _____

After School Transportation: Parent Pick-Up _____ Personal Car _____ Bus _____

Limited bus transportation is available to students living within Rutland City leaving at approximately 5pm daily. Prior Sign Up is Required.

Provide Street Address _____

Health Problems/Illnesses: (be specific; include any limitations and instructions)

Physician: _____ Telephone(s) _____

Dentist: _____ Telephone(s) _____

Allergies: (Please list allergies and instructions):

Does your child take prescription medications: No _____ Yes _____

If so: What _____ When _____ Dosage Amount _____

ANY prescription medication that is to be given during the program must be provided to the Site Coordinator with written permission from the prescribing physician. This includes an inhaler or EpiPen. All medication must be in its original labeled container and needs to be brought to and from the program by an adult and NOT a student.

Permission to administer over-the-counter medications:
Acetaminophen and/or Ibuprofen _____ Antacid _____

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- In case of accident or illness, I request the EPIC Program to contact me. If not able to reach me, I hereby authorize personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.
- We/I give permission for our child to leave the school building for activities/field trips sponsored by EPIC. A calendar specifying the trips will be given to student and available through the Site Coordinator.
- We/I give permission for my child to be in photographs and video clips taken during programs that will be used as displays, appear in the newspapers or on PEG TV, at afterschool functions and on the school website.
- We/I give permission for Rutland City Public Schools to share information regarding my child with the EPIC Program. We give permission to the EPIC Program to use student data in reports, grants, and other formats. Students are not individually identified in the reporting process.

Name of Parent/Guardian: _____

(Please Print)

Parent/Guardian Signature: _____ Date: _____

Return form to:

RHS Site Coordinator: **Lorin Gides** 770-1046 e-mail lorin.gides@rcpsvt.org

RMS Site Coordinator: **Allie Griffiths** 779-1309 e-mail allie.griffiths@rcpsvt.org