



Our Lady of the Angels School
School Year: 2019-2020
Signature Page/Forms

Student Name: _____ Grade: _____

*Please dismiss my child in the following dismissal line at the end of the school day:

(please circle, ****note**: if bus, please indicate bus number and state the street name/stop under comments for reference.)

Monday : rider **bus # after-school program walker

Tuesday: rider **bus # after-school program walker

Wednesday : rider **bus # after-school program walker

Thursday : rider **bus # after-school program walker

Friday: rider **bus # after-school program walker

Comments: _____

PLEASE NOTE: Any change in line assignments must be submitted in WRITING to the school. Students will only be released to authorized names provided under the RenWeb student/parent account. All other names need to be added to the account or a written note to the school office

PHYSICAL EDUCATION RELEASE (does not apply to preschool students)

Does your child have a physical condition that would interfere with routine activities at the school?

Yes _____ No _____

If yes, please state reason: _____

A note from your family physician is necessary to exclude your child from physical activities and sports.

MEDICATION POLICY

*In accordance with the policies and practices mandated by the MA Dept of Public Health, all medication administered at school, EITHER prescription or over the counter, must be accompanied by a PHYSICIAN's ORDER. You will find online at the school website a form for authorizing medication to be given at the school. Your healthcare provider will complete the upper portion of the form and you complete the lower portion of the form. Return the form with the medication, labeled with your child's name to the school office. All medication being administered at school must be in original packaging. **PLEASE NOTE: student cannot transport medications to or from school. Parents/guardians must bring the medication with the form to the school health office.***

Your signature acknowledges that you have read the information above and give permission that your child may participate in the Physical Education program for the school year 2019-2020.

****Parent/ Guardian Signature:** _____ **Date:** _____