

INFORMATION, PERMISSIONS AND EMERGENCY RELEASE FORM

This form must be filled out completely before your student can be enrolled.

This information will be kept confidential and only used by the staff to enable us to work effectively and safely with your student.

Permissions Please SIGN and INITIAL where listed:

I have read and understand this form.

Date _____ Signature of Parent or Guardian _____ PRINTED NAME of Parent or Guardian _____

Student Name:	Birth Date:
Parent/Guardian 1:	Phone: (h)
Email:	Phone: (c)
Parent/Guardian 2:	Phone: (h)
Email:	Phone: (c)
Non-Parent Contact 1:	Phone: (h)
(relationship)	Phone: (c)
Non-Parent Contact 2:	Phone: (h)
(relationship)	Phone: (c)
Student Allergies:	Student Medications:
Learning/Social Challenge(s)*:	

*We are an inclusion program **no more** than 2 learning challenged students in each group. All of our students benefit from this group structure, taking the teamwork, tolerance and communication skills they learn into their adult lives.

Please list all diagnosed learning, challenges, so that we can create positive student groupings. Failure to list diagnosed issues can have a negative impact on the experience for your student and others, and may result in DISMISSAL from our programs.

Photographs

The Roleplay Workshop may use photographs of my child, my child's art work, or any other projects in promotional displays, advertising, or publications that the program may produce.

_____ may use photographs or artwork may not use photos or artwork

initial

Pain Killers

We do not dispense any medications. If your child is allowed to take painkillers, please initial and check the appropriate box(es). If you would prefer we contact you prior to allowing your student to take painkillers, check the "notify" box. If we may not allow your student to take pain medications, under **any** circumstances, please check "none".

_____ none Notify Ibuprofen Tylenol Aspirin

initial

Store Purchases

Your student may have an opportunity to spend time in the main store area of Dr Comics & Mr Games, we do not allow students to purchase items from the store without your permission.

_____ May May Not purchase items from the store.

initial

Unsupervised Sign Out

If your student may leave the building without an adult or may stay in the store without supervision past program hours, please check the appropriate box and initial below. (you can check both)

_____ neither May leave w/o an adult may remain in store unsupervised

initial

MEDICAL AND DENTAL TREATMENT CONSENT FORM

Please read completely.

While your child is in our care, an accident or emergency illness may occur. As a standard procedure, every effort will be made to contact a parent or the person designated on the emergency card. However, because treatment may be necessary before we are able to contact you, we must have your authorization to consent to any such treatment for your child. The California Legislature has authorized consent in advance by parents or legal guardians for such treatment (Section 25.8 of Civil Code). Below we give you the opportunity to choose whether to grant the authorization permitted by statute. You should indicate your choice in the space provided.

It is understood that your authorization is given in advance of the need for any specific diagnosis, treatment or hospital care, but is given to provide authority and power on the part of The Roleplay Workshop, as your agent, to give specific consent of any such diagnosis, treatment or hospital care which a physician, surgeon or dentist in the exercise of his/her best judgment may deem advisable.

The authorization, if given, is pursuant to the provisions of Section 25.8 of the California civil code and shall remain effective until revoked in writing. It is understood that the expense of any emergency treatment or diagnosis is for the parent's/guardian's account.

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR Initial ONE Choice

_____ I hereby authorize any adult representative of The Roleplay Workshop to consent to **initial** any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the California Medical Practice Act, or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to my child by a dentist licensed under the provisions of the California dental Practice Act. I further certify that, if divorced, I have joint or sole custody of the child named above.

_____ **initial** I do **NOT** grant permission to consent to treatment for my child.

Policies & Procedures

Dr Comics & Mr Games

Our rental agreement with Dr Comics & Mr Games requires that both parents and students follow a few simple rules.

- ★ Please do not call Dr Comics, they do not have information or access to the students or other program information.
- ★ Please do not leave enrollment forms or payments with Dr Comics, the Roleplay Workshop and Dr Comics are separate businesses.
- ★ The store is not responsible for any Roleplay Workshop materials you leave with them, nor are they responsible for your students if you give them permission to wait in the store without being supervised by Roleplay Workshop staff.
- ★ Please be respectful of the store's customers, property and staff members.
- ★ Do not block doorway or counter access.
- ★ Check in backpacks and large bags at the front counter.
- ★ Failure to abide by these policies may result in parent or student expulsion from the store, or student expulsion from Roleplay Workshop programs.

Dismissal from Roleplay Workshop Programs

- ◆ Failure to understand and abide by the above policies and procedures will first result in clarification of the policies and completion of a new agreement.
- ◆ Failure to follow the clarified policies and procedures will result in student dismissal from the Roleplay Workshop Programs.
- ◆ Your refund is 80% of the remaining balance of your paid fees.

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- 1) Please read this document thoroughly.
 - 2) Sign and make a copy for yourself.
 - 3) These policies are posted on the web site (www.roleplay-workshop.com).
 - 4) Return the signed original document to the Roleplay Workshop.
 - 5) This signed document will be kept on file at the Roleplay Workshop.

I have read and agree to the above Roleplay Workshop Policies & Procedures.

Print Student Name

Print Parent/Guardian (1) Name

Print Parent/Guardian (2) Name

The Roleplay Workshop Student Behavior Contract

- 1) There will be no illegal drug or alcohol use, or fireworks or firearms (including slingshots and bows). Any Student found with these items will be immediately and permanently dismissed from the program. The Student's parent(s) or guardian(s) will be called to come pick up the student.
- 2) Students may not bring candy, excessive sugary drinks, portable electronic games, or music players without **express** permission from the staff.
- 3) Items which have not been given prior authorization will be confiscated, and (with the exception of the food items) returned **to the parent** at the end of the session.

Violations of the following rules will first result in a warning.

If the student persists in behaviors contrary to the rules, he or she will be dismissed from the program. Efforts will be made to clarify and change the behavior with both the student and the student's parent(s) or guardian(s) prior to dismissal.

For camping trips, due to the 24 hour a day schedule, students who persist in behaviors contrary to the rules will be sent home. The parents will be contacted and must pick up their student as soon as possible from the camp site at Samuel P. Taylor Park in Marin.

- 4) Students will treat each other and the staff with respect and courtesy at all times.
- 5) Students will not use physical or verbal violence against each other or the staff.
- 6) Students will abide by decisions made by the staff regarding their health and safety.

Student Signature

Parent/Guardian (1) Signature

Parent/Guardian (2) Signature

Date

Date

Date