



POTTSTOWN  
SCHOOL DISTRICT

www.pottstownschoools.org

MIDDLE SCHOOL 540 N. Franklin Street, Pottstown PA 19464 Phone: (610)970-6665 FAX: (610)970-8738

*Pottstown Schools – Prepare each student, by name, for success at every level*

Pottstown Middle School permission form  
21<sup>st</sup> century summer tutoring program

**June 18<sup>th</sup> through July 26<sup>th</sup>**

**Who:** Your child is being invited to participate in the 21<sup>st</sup> Century Summer School Tutoring Program.

**When:** The program runs Monday through Thursday from 9:00 a.m. – 12:30 p.m. Breakfast and Lunch will be provided daily.

**Where:** The tutoring program will take place at the **Pottstown High School**.

**PLEASE COMPLETE ALL INFORMATION**

Student Name _____	Grade starting <i>next school year</i> _____
Parent Name _____	Home Phone _____
Address _____	Alternate Phone _____
Insurance Coverage    Yes ___ No ___	Insurance Company _____
Medical Assistance Card (DPA) _____ Card # _____	Recipient# _____

As the Parent/Guardian: I hereby give permission for my child to attend the 21st Century Summer School Tutoring Program from June 19 to July 27, 2017 as noted in the schedule above.

I will write a note if my child is unable to attend on any day(s), must leave early on any day(s), or if there is going to be any other change in schedule.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

HEALTH HISTORY FORM FOR 21<sup>st</sup> CENTURY TUTORING PROGRAM

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone(s) \_\_\_\_\_ Business Phone(s) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

E-mail(s) \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy #: \_\_\_\_\_

**Illnesses and Injuries:** (Check those that apply)

Ear Infection       Bleeding/Clotting Disorders       Hypertension       Asthma  
 Heart Defect/Disease       Musculoskeletal Disorders       Seizures       Diabetes  
 Other (specify) \_\_\_\_\_

Date of last health examination: \_\_\_\_\_

Were there any complicating medical problems noted in the last health exam? \_\_\_\_\_

Is participant currently under the care of a physician or psychologist? \_\_\_\_\_

Since the last health exam, has participant had:

a serious injury requiring medical attention?       any prescribed over the counter medication?  
 treatment in a hospital or emergency room?       any exposure to a contagious disease?  
 an illness lasting more than 5 days?       a surgical operation or fracture?  
 any restrictions concerning physical activities?      Y or N

Please explain any check (signifying a yes) to the above questions. Include dates: \_\_\_\_\_  
\_\_\_\_\_

**Allergies:** (check those that apply)

Animals       Pollen       Plants       Hay Fever       Food       Insect Stings  
 Medicines/drugs       Other (specify) \_\_\_\_\_      Comments: \_\_\_\_\_

**Other health conditions:** (check those that apply)

Bed wetting       Constipation       Menstrual Cramps  
 Motion sickness       Nosebleeds       Sleep disturbances  
 Emotional disturbances       Fainting       Hearing impairment  
 Sickle cell trait or disease       Special dietary regimen       Wears glasses or contacts  
 Other (Specify) \_\_\_\_\_      Comments: \_\_\_\_\_

Please explain any items that are checked. Indicate any information useful to the adult(s) in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.  
\_\_\_\_\_

I know of no reason(s), other than the information indicated on this form, why my child should not participate in the prescribed activities except as noted.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# POTTSTOWN MIDDLE SCHOOL 21<sup>st</sup> CENTURY SUMMER TUTORING PROGRAM ARRIVAL AND DISMISSAL PROCEDURE INFORMATION

Student Name \_\_\_\_\_ Latest Grade Completed \_\_\_\_\_

**Please select the statements that are correct in each section.**

**Section A: Arrival – Check ONLY one in this section**

\_\_\_\_\_ My child will walk or be dropped off at ***Pottstown High School*** daily no later than 9:00 am for tutoring

\_\_\_\_\_ I would like my child to be picked up daily by school bus transportation at our designated stop

**Section B: Dismissal – Check ONLY one in this section.**

\_\_\_\_\_ My child will be dismissed and ride the bus home daily at 12:30 p.m.

\_\_\_\_\_ My child will be dismissed and walk daily from the ***Pottstown High School*** at 12:30 p.m.

**Please list the name(s) of individual(s) (designees) other than yourself that you authorize to pick up your child/children. Please have these individuals bring and show a current photo ID to the 21<sup>st</sup> Century Summer Tutoring Staff.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I hereby give permission to the 21<sup>st</sup> Century Summer Tutoring Staff to release my child/children to the designee(s) listed above.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Alternate Phone Number