



## Emergency Medical Form

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Does the student have any known allergies? \_\_\_\_\_

	Parent/Guardian #1	Parent/Guardian #2
Name		
Preferred Name		
Address		
City, State, Zip		
Primary Phone		
Secondary Phone		
Email Address		

**Alternate persons to be notified in case of an emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Physician \_\_\_\_\_ Phone \_\_\_\_\_

If the parents and authorized physician named above cannot be reached at the time of an emergency and immediate observation or treatment is urgent in the judgment of the responsible school parties, do you authorize and direct the responsible school parties to send the student (properly accompanied) to the hospital or doctor most easily accessible? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you agree to be financially responsible for all expenses incurred for the treatment under the circumstances described above? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If an ambulance is called, do you agree to be financially responsible for expenses incurred?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If the answer to any of the above questions is no, please explain what actions you prefer responsible parties to take \_\_\_\_\_

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



## Contact Information Form

**Email is our primary communication tool. We will use the email addresses you provide to contact you with emergency information, as well as news from the school and teachers. You will be placed on the all-school email and classroom email lists. Please ensure that emails from our school do not get placed into your spam/bulk mail folder or are filtered by your provider.**

Student #1 Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Grade \_\_\_\_\_

Student #2 Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Grade \_\_\_\_\_

Student(s) Address \_\_\_\_\_

Student(s) Home Phone \_\_\_\_\_

	Parent/Guardian #1	Parent/Guardian #2
Name		
Preferred Name		
Address		
City, State, Zip		
Cell Phone		
Work Phone		
Email Address		

The students' home address, phone number and both parents' email and cell numbers will be listed in the OCS directory. If you would like alternate information published, please make note of that change here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Extended Family:

Please add any other email addresses you'd like to include on the OCS email lists. Please specify either allschool (general school info), class list (class newsletter) or both.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Email \_\_\_\_\_  Allschool  Class List

Name \_\_\_\_\_ Relation \_\_\_\_\_

Email \_\_\_\_\_  Allschool  Class List



Dear Volunteer,

Volunteering is essential to our program, and we are glad you have chosen to be a volunteer at our school. We thankfully welcome you to our community!

The safety of all children is the most fundamental concern of our school community. An important part of that environment is the volunteers who work with children in the classroom and at other school sponsored events and learning activities. We are proactive and preventive when it comes to the safety of children and the people who volunteer in our schools.

For that reason, we require all volunteers to complete and sign a disclosure statement. A background check through the Washington State Patrol Criminal History Identification will be conducted. Your birth date is required at the bottom of the disclosure statement. A copy of the state patrol's response will be available to you upon request.

Please know that any information you provide the school is confidential and will be treated as such. We thank you in advance for understanding the importance of our children's safety and the important role you will play in helping us with that. If you have any questions about the enclosed materials or about the process, please don't hesitate to ask.

Sincerely,  
Olympia Community School



## Volunteer Disclosure Statement PURSUANT TO CHAPTER 43.43 RCW

Please answer “YES” or “NO” to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved. The term “convicted” means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

1. Have you **ever** been convicted of any crimes against persons as defined in RCW 43.43.830(5) and listed as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed?

Answer \_\_\_\_\_ If YES, please explain:

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2. Have you **ever** been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer \_\_\_\_\_ If YES, please explain:

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3. Have you **ever** been found by a court in a domestic relation proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer \_\_\_\_\_ If YES, please explain:

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4. Have you **ever** been found in any final disciplinary board decision, or by the director of the department of licensing in the following business or professions (chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathy, physical therapy, physicians, practical nursing, registered nursing, psychology, real estate broker, and salesperson) to have sexually or physically abused any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

**Answer** \_\_\_\_\_ If **YES**, please explain:

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5. Have you **ever** been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

**Answer** \_\_\_\_\_ If **YES**, please explain:

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Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Alias/Maiden Name \_\_\_\_\_

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

Email Address \_\_\_\_\_

Student name(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Release Waiver for OCS Students

I wish \_\_\_\_\_ (list name of student) to be enrolled as a student at Olympia Community School. I understand that the nature of student activities that my child may perform in my child's capacity as a student may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of my child being allowed to enroll, I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY PERSONAL INJURY AND/OR PROPERTY DAMAGE THAT MY CHILD SUSTAINS OR CAUSES DURING MY CHILD'S PARTICIPATION AS A STUDENT. THIS PARTICIPATION INCLUDES PARTICIPATION IN ANY OCS SPONSORED OR RELATED FUNCTION OR ACTIVITY. IN ADDITION, I, FOR MYSELF, MY CHILD, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ANYONE IN PRIVITY WITH ME, HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE OLYMPIA COMMUNITY SCHOOL, THE OLYMPIA COMMUNITY SCHOOL BOARD, THE OLYMPIA COMMUNITY SCHOOL TEACHERS, AND ANY OF THEIR EMPLOYEES, VOLUNTEERS, PARTNERS, AGENTS, SPONSORS, BOARD MEMBERS, ASSIGNS AND SUCCESSORS FROM ANY AND ALL LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY CHILD'S ENROLLMENT AS A STUDENT.

Parent/Guardian Printed Name \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_



## Field Trip Driver Eligibility

Student Name(s) \_\_\_\_\_

This form should be completed by all drivers/owners of vehicles used to transport students to or from activities sponsored by the school. It will remain in effect for the entire length of the school term. Please advise of any change in insurance coverage during the school term.

Are you interested in driving for a field trip? Yes \_\_\_\_\_ No \_\_\_\_\_

We require a copy of your **driver's license** and **proof of vehicle insurance** on file.

### Insurance Information

Name of Automobile Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Limit of Insurance

- Bodily injury: \$ \_\_\_\_\_ per person
- Bodily injury: \$ \_\_\_\_\_ per accident
- Property damage: \$ \_\_\_\_\_ per accident, or
- Combined Single Limit: \$ \_\_\_\_\_

### Additional Information

How many seat belts do you have in your vehicle? \_\_\_\_\_

How many are lap belts only? \_\_\_\_\_

Do you have a front air bag on the passenger's side? \_\_\_\_\_

### Acknowledgement

As a volunteer driver I understand that the liability insurance on my vehicle is primary insurance. In the event of an accident, my insurance will respond to any injuries or damage. To the extent that I am legally obligated to pay, I also agree to hold harmless the Olympia Community School, its Board members, employees and staff, from any claims, liabilities, damages or expenses (including defense costs) arising directly or indirectly from the maintenance, ownership or use of my vehicle.

Printed Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_



**Please attach a copy of your current insurance card and driver's license.**





## WA State Distracted Driving Legislation (effective July 23, 2017)

### The following actions are illegal while driving:

- Holding a personal electronic device.
- Using a hand or finger to compose, send, read, view, access, browse, transmit, save, or retrieve electronic mail (email), text messages, instant messages, photographs or other electronic data.
- Watching a video on your device.

### Exceptions:

- When your vehicle is pulled over to the side of (or off) the road and has stopped in a location where it can safely remain stationary.
- If you need to contact emergency services.
- The minimal use of a finger to activate, deactivate, or initiate a function of a device.

**Secondary offenses:** any activity not related to driving that interferes with the safe operation of your vehicle. Examples include eating, drinking, putting on makeup, styling hair, shaving...

By signing below, I agree to abide by Washington state distracted driving legislation.

Student name(s) \_\_\_\_\_

Printed Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Source: Washington State Distracted Driving. <https://wa.aaa.com/distracted-driving?zip=98042&stateprov=wa&city=kent&devicecd=PC&referer=www.aaa.com&zip=9804>



## Student Release Form

Student Name(s) \_\_\_\_\_

I authorize the following person(s) to escort my child(ren) from Olympia Community School.

Name	Phone Number	Relationship to Child(ren)

Parent/Guardian Printed Name: \_\_\_\_\_

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



## Media Consent and Release Form

Student Name(s) \_\_\_\_\_

I hereby authorize Olympia Community School and its employees and volunteers (hereafter referred to as "OCS") to:

- a) Record my child(ren)s likeness and voice on a video, audio, photographic, digital, electronic, or any other medium; and
- b) Use, reproduce, exhibit or distribute in any medium (e.g., print publications, video tapes, CD-ROM, Internet/WWW, social media) these recordings for any purpose that OCS deems appropriate, including promotional or advertising efforts.

I release OCS from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain property of the Olympia Community School. I have read and fully understand the terms of this release.

If you do not agree with the above use of your child's likeness, please describe what use, if any, is acceptable.

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Parent/Guardian Printed Name \_\_\_\_\_

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