

**“After the Bell” Program  
Permission/Behavior Agreement**

1. **The “After the Bell” program is open from 3:05 – 5 p.m. Monday thru Thursday in Room 118 at the Prairie River Middle School.** We follow the Prairie River Middle School calendar. If PRMS is closed because of a holiday, severe weather, or vacation then the “After the Bell” program is closed. The 2019-20 program will begin Monday, September 9<sup>th</sup> and end on May 28<sup>th</sup>.
2. Youth must be in school that day to participate in this program.
3. When you arrive in the room, please sign in with the time of arrival.
4. When leaving the program, youth must inform the adult supervisor before leaving. **(After signing out, students are not permitted into the program again for that day and must leave the school grounds.) Students will depart the school through Door 14.** All students must leave the building when the program ends at 5 p.m.
5. Youth must stay in the designated area(s) for the program. Restrooms are available – one youth at a time.
6. Snacks are offered each day at the program. Please throw away all garbage in lined containers which are located near the snack area.
7. **Please make arrangements for pick-up before coming to the program. A phone will not be available to make calls. Youth may use their personal cell phone during the program for communication with parents/guardians.**
8. Youth are responsible for their own property. The program is not responsible for lost, damaged or stolen items.
9. Youth must respect one another, the program supervisors/volunteers and the school property. There will be zero tolerance for tobacco, alcohol, drugs, fighting, swearing or weapons. Youth will be charged for any damages.
10. Since attending program is a privilege (not a right), any inappropriate behavior by any youth may be cause for the revocation of attending any future programs.
11. The “After the Bell” program is provided through the support of community organizations and businesses, Merrill Area Public Schools and UW-Madison Division of Extension Lincoln County.

Breaking of this contract will result in notifying parents/guardian of my behavior and barring from any future activities sponsored by this group.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please indicate the days that your child is expected to attend the “After the Bell” program:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Please check if you would like to be notified if your child has not attended the “After the Bell” program for two or more days which they were expected:

\_\_\_\_\_ Yes, please notify me

If yes, please list how to notify you (phone number and/or email):

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**OVER**

**Periodically, we take photos of programs occurring in the "After the Bell" program for the newspapers, grant reports and presentations. In order for us to utilize a photo with your child in it, we need a completed General Release form. This is optional, but if we do not have a completed form we can not utilize a photo of your child.**

**GENERAL RELEASE**

I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter University), the right to use, publish, and copyright my image (including audio, moving image or photograph) for educational programs, websites, and promotion of University programs.

The University adheres to all Federal and State laws associated with the use of these materials.

Print Subject's Name (adult or youth) \_\_\_\_\_

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

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**During the "After the Bell" program we occasionally take field trips usually within walking distance of the Prairie River Middle School (i.e. walk to County Market for bell ringing during holiday season, walk to Historical Society for tour, walk to Stange's Park for an activity). We will send notification home with program participants at least one week prior to the field trip. Participants are expected to conduct themselves in a manner that will provide a positive atmosphere for learning under all circumstances. Please indicate below by signing, if your child has permission to participate in field trips offered through the "After the Bell" program.**

My child has permission to participate in field trips conducted through the "After the Bell" program.

Print Child's Name \_\_\_\_\_

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

Date \_\_\_\_\_



# 2019-20 Youth Event Health Form

Event Name: "After the Bell"  
Program

UW-MADISON EXTENSION

Dates: 2019-20 School Year

Youth Name: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 1<sup>st</sup> day of event \_\_\_\_\_ Sex:  Male  Female

Custodial Parent/Guardian (or spouse) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip

Second parent/guardian  
and/or emergency contact: \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Yes	No	Health Conditions (check)	Yes	No	Allergies (check)	List specifics
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Insect stings	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Foods	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Medications	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	Cognitive/Developmental	<input type="checkbox"/>	<input type="checkbox"/>	Do any allergies require an EPIPEN injection?	
<input type="checkbox"/>	<input type="checkbox"/>	Any dizziness, light-headedness or fainting associated with exercise within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is insulin required and carried by youth?	
<input type="checkbox"/>	<input type="checkbox"/>	Any unexplained, rapid or irregular heart beat within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is an inhaler required and carried by youth?	
<input type="checkbox"/>	<input type="checkbox"/>	A physician has sometime denied or restricted participation in sports due to a heart problem.	Date of last Tetanus booster: (mm/dd/yy)			

Name of Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medications camper will be taking during event/camp:

Medication #1	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

**UW – Madison Extension  
Youth Event Health Form (Continued)**

Participant Name: \_\_\_\_\_

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

Medication #2	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Medication #3	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

**Programs may have limited over-the-counter medications available. Select medications that can be administered, if available.**

Acetaminophen (Tylenol):      Yes      No

Hydrocortisone (anti-itch) cream: Yes      No

Benadryl: Yes      No

Ibuprofen: Yes      No

Accommodations
Does the youth require an accommodation to participate in this event? Please describe:
Please describe any limitations or restrictions regarding the youth's participation:
Is there any other information you want to share?


# CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

## TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin – Madison Division of Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below.

Please check all that apply:

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Medication(s) has been brought to event/camp.	
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.	
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medications have been brought to event/camp and may be administered by event/camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage and instruction.	

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant material, and important changes to any information in this form to event/camp staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin – Madison Division of Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

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Participant Name (Please Print)

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date

**This is the approved health form for 4-H events and camps.**