



Child Release for Authorized Pick-ups

Name of Child _____

Persons Authorized to Pick up Child:

I authorize the following individuals to pick up my child from school ANYTIME (include parents' names, cross out any spaces not used):

Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____

Additional parties who you wish to allow for pick-up will be received on a case by case basis provided you give the school notice, in writing via email, by 2 p.m. the day of pick-up. AIS administration may verify the source of the email by confirming with you by telephone.

In Case of Emergencies, when I/we are unavailable*, please indicate the following:

(*The parents will always be the first people contacted in an emergency.) The following individuals can be called in case of an emergency if I/we cannot be reached, and I authorize these individuals to come and get my child if I cannot be reached:

Name _____	Phone # _____	Relationship _____
Address: _____		
Name _____	Phone # _____	Relationship _____
Address: _____		

Signature of parent or guardian Date

Address City State Zip Code



Photographic Release Form

During our academic school year and our summer camp, we may have activities at Austin International School which may include photographing, filming, sound recording, and/or videotaping your child. Please check the corresponding box of each medium you allow your child to be included:

- Photographs for newsletters, the school website* and other publications by the school, its students, or its parents' organization;
- Marketing materials by the school which includes public relations publications, brochures, advertisements or videos;
- News media publications or broadcasts by professional or student journalists;
- Teaching materials;
- Photographs or videotapes made by a state agency, such as the Texas Department of Family and Protective Services (TDFPS) for their purposes.
- Photos or videos on the fan and group pages for AIS on Facebook**

* *These photographs will not identify children by name, and will also include group photographs such as those we take in class or on the playground.*

**Disclaimer: *You may read Facebook's Statement of Rights and Responsibilities at: <http://www.facebook.com/terms.php>.*

OR

- I do not want my child to be photographed, filmed, recorded, and/or videotaped as described above for the duration of his/her enrollment at Austin International School.

Student's Name

Date

Parent's Name

Parent's Signature



Emergency Medical and Liability Release

Name of Child: _____

I, the undersigned, am the parent/legal guardian of the above-name child, who is enrolled at Austin International School.

By signing this document, I confirm that:

1. I wish to have my child registered in the program of Austin International School and to have him/her participate in any activities during the program;
2. I release Austin International School, it's directors, teachers, employees and volunteers (AIS staff) assisting during the summer camp and academic year from any liability in connection with my child's participation in any events and activities of Austin International School, which includes, without limitation, any liability related to an accident, an injury or illness suffered by my child;
3. I authorize Austin International School and persons associated therewith to consent to medical treatment for my child, to select the medical personnel, hospitals and/or clinics to treat my child in case of any accident, injury or illness that may occur;
4. In the event of an emergency, I authorize Austin International School to contact my child's doctor, to administer first aid, to take my child to a clinic or hospital (emergency room) or to take any other action deemed necessary by the school or its employees.

Physician's Name _____

Physician's Address _____

Physician's Phone Number _____

Signature of Parent or Guardian

Date



AIS and TDFPS Nutrition Policy

I, the undersigned, understand that parents and/or guardians provide their own children's meals and snacks while they are in care at Austin International School (AIS). I agree that AIS is not responsible for the nutritional value of my child's food or for meeting his/her daily food needs.

Parent's Name _____

Parent's Signature

Date



Discipline and Guidance Policy

At Austin International School:

Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy as well as the summer camp handbook.

_____ Signature

_____ Date

Check one please: parent employee/caregiver household member of child-care home

TDPRS-CCL 06/02/03



Directory Release

Child's Name: _____ Class: _____

Austin International School publishes a school directory each year. The following information is published in the Austin International School Directory:

- Name of Child and Parent
- Name of Parents
- Home Address
- Home Phone Numbers
- Cell Phone Numbers
- E-mail Addresses

Please check one of the following options below and return this form by your child's orientation day.

All information may be published in the Austin International School Directory

I have information that I **DO NOT** want published. It is indicated below:

I do not wish to have my information published in the school directory. (Note: your name and your child's name and class will still appear in the directory.) Initial Here: _____

The AIS Student directory is provided for the parents' convenience and is for personal and school use only. The information in this directory is not to be used for commercial, political or other organizational use. To respect the privacy of the families listed in the directory, information can not be given to outside sources without their expressed permission.

Parent's Signature: _____ Date: _____

Address: _____



Wellness Statement

To be completed by Child's Physician:

Child's Name _____

Physician's Name _____

Physician's Address _____

Physician's Phone Number _____

I, the undersigned, have examined the above-mentioned child in the last 12 months, and have found the child to be in good health and able to participate in all normal activities, including a day care program.

Date of most recent exam: _____

Physician's Signature

Date

Vaccination records will be kept on file year to year. Please be advised that it is your responsibility to inform the school in writing of any new medical updates.

This form can be faxed to the Austin International School at (512) 219-5201.

Austin International School HEALTH REQUIREMENTS

Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Signature or stamp of a physician or public health personnel verifying immunization information above. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>					
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine. <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 10px;"> _____ _____ </div>					
Parent's signature _____ Date _____					
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.					
For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm					

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

_____ Signature – Parent or Legal Guardian
_____ Date