



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:

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:

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:

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:

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:

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.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____



Policies & Procedures for Child Abuse Prevention and Reporting

Olympia Community School is committed to its responsibilities in the prevention of child abuse, neglect and exploitation.

Five General Steps to Protecting Our Children (from Darkness to Light's Stewards of Children)
Olympia Community School (OCS) would like our community to be aware of and understand these steps, upon which this Code of Conduct is based.

1. Learn the Facts: 1 in 10 children are sexually abused. Over 90% of them know their abuser.
2. Minimize Opportunity: Eliminate or reduce isolated, one-on-one situations to decrease risk for abuse.
3. Talk About It: Have open conversations with children about our bodies, sex and boundaries.
4. Recognize the Signs: Know the signs of abuse to protect children from further harm.
5. React Responsibly: Understand how to respond to risky behaviors and suspicions or reports of sexual abuse.

Code of Conduct (created for OCS using a sample from Darkness to Light, and OSD and WA state guidelines)

6. For purposes of the Code of Conduct, OCS staff shall include teachers, other employees, volunteers, lunch monitors and any other adult working with OCS children.
7. To protect staff, at no time during an OCS function (including normal classroom time, special events, field trips and other OCS activities) will a staff member be alone with a single child where the staff member cannot be observed by others. With the understanding that OCS has a small population of students and staff, this rule will be adhered to at all times when practical.
8. No child shall ever be left unsupervised.
9. Staff will make sure doors to the children's restrooms remain open at all times when children are present.
10. Staff shall not abuse children or use corporal punishment of any kind. This includes physical abuse, verbal abuse, sexual abuse, mental abuse or neglect. Inflicting physical injury on a child by other than accidental means, causing death, disfigurement, skin bruising, impairment of physical or emotional health, or loss or impairment of any bodily function will not be tolerated and is cause for immediate dismissal.
11. Staff will use appropriate touch including pats on the back or shoulder, side hugs, handshakes and high fives. Staff will refrain from touching of personal areas or patting of the buttocks. Staff will respect children's rights to not be touched in ways that make them feel uncomfortable. A child's right to say "No" is to be encouraged and respected.
12. Committing, or allowing to be committed, any sexual offense against a child as defined in the criminal code, or intentionally touching, either directly or through the clothing, the genitals, anus or breasts of a child for other than hygiene, child care or health care purposes will not be tolerated and is cause for immediate dismissal.

13. Child abuse can include abuse by another minor and so may be included in incidents of student misconduct. The staff member who observes any suspicious behavior should report his or her observations to the OCS President or another member of the Executive Committee (i.e. Vice President, Secretary or Treasurer) immediately but not later than 24 hours after the suspected incident.
14. Staff will use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism.
15. Staff will not give gifts or special favors to individual children, or show preferential treatment to a child or group of children to the exclusion of others.
16. Staff will not have private interactions through social media, computer or hand held devices with any child currently enrolled at OCS, unless parental permission is received in advance.
17. Staff will respond to children with respect and consideration and treat all children equally, regardless of gender, race, nationality, religion, sexual identity, disability or culture.
18. Staff will refrain from intimate displays of affection toward other adults.
19. Using, possessing or being under the influence of alcohol, marijuana or illegal drugs during working hours is prohibited.
20. Smoking or use of tobacco or marijuana in the presence of children or parents during working hours is prohibited.
21. Profanity, inappropriate jokes, sharing intimate details of one's personal life and any kind of harassment is prohibited.
22. Staff members may not be alone with children they meet in OCS programs outside of OCS. This includes babysitting, sleepovers and inviting children to your home, without parental approval before the event and may be subject to board approval.
23. Under no circumstance should staff release children to anyone other than the authorized parent(s), guardian, or an alternate adult authorized by the parent or guardian. (Written approval by authorized parent or guardian must be on file with OCS. Said approval of the alternate adult must include specific name and relationship to the child).
24. OCS recognizes the legal responsibilities of staff members, who are legally responsible for reporting all suspected cases of child abuse and neglect. A staff member who has knowledge or reasonable cause to believe that a student has been a victim of physical abuse or sexual misconduct will report such abuse or misconduct to the OCS President or another member of the Executive Committee (EC) immediately but no later than 24 hours after the suspected incident. The EC member will report to Department of Child and Family Services, Tumwater office, 888-713-6115 or after hours 800-562-5624, if there is reasonable cause to believe that the misconduct or abuse has occurred as required under RCW 26.44.030. Under state law, staff members are free from liability for reporting instances of abuse or neglect, and professional staff members are criminally liable for failure to do so. Staff need not verify that a child has in fact been abused or neglected. Any conditions or information that may reasonably be related to abuse or neglect should be reported. Legal authorities have the responsibility for investigating each case and taking such action as is appropriate under the circumstances.
25. Staff will not make any student available for an investigative interview, with government officials, unless the child consents. If the child is under 12 years of age and the request is from law enforcement officials, the law enforcement official must obtain parental consent, a court order, a warrant, or stipulate the existence of exigent circumstances.
26. All staff members are required to read and sign all policies relating to identifying, documenting and reporting child abuse and participate in prevention training. Returning adults shall participate in an approved training program every two years, and adults who

are new to OCS shall participate in approved training before working with OCS children. Training is required for all paid and volunteer staff and can be accomplished in one of two ways: (A) An OCS parent meeting where training will be scheduled and announced in advance or (B) an approved online training link will be provided, such as:

Approved mandated reported training: https://prezi.com/m/2miasj5c42ar/copy-of-mandatory-reporter-presentation/?utm_campaign=share&utm_medium=copy

_____ I have read and understand the policies and procedures outlined above.

_____ I understand that any violation of this Code of Conduct will prevent me from volunteering in child related activities at Olympia Community School.

_____ I understand that I am required to complete Mandated Reporter training every other year in order to volunteer in child related activities at Olympia Community School.

I do not intend to volunteer in OCS child related activities, such as: volunteering in the classroom, during field trips, lunch, enrichment, etc.

I do intend to volunteer in OCS child related activities, and I have completed the required mandated reporter training. Date completed_____.

Student name(s) _____

Printed Name _____ Relation to Student _____

Signature _____ Date _____