



*"Where We Educate the Future"*

# Otis A. Mason Elementary School

207 Mason Manatee Way  
St. Augustine, Florida 32086  
Phone: 904.547.8440  
Fax: 904.547.8445

Kimberly Dixon, Principal  
Donna Gary-Donovan, Assistant Principal  
Melinda Stevens, Extended Day Director

## AUTHORIZATION FOR EMERGENCY CARE

In case of accident or serious illness and Otis Mason Extended Day Program is unable to reach me, I hereby authorize them to contact the physician indicated and follow his instructions. However, Otis Mason Extended Day may make whatever arrangements necessary to provide care and treatment for my child.

In the case of an accident or serious illness where immediate treatment of my child is not indicated but where he/she is unable to remain at the school, Otis Mason Extended Day Program will contact me to arrange transportation for my child. If O.M. Extended Day Program is unable to reach me, I authorize them to contact one of the persons listed and request them to come to the school and transport my child home.

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

Parent's Signature \_\_\_\_\_

## GENERAL RELEASE OF LIABILITY

The undersigned agrees to release and forever discharge Otis Mason Extended Day Program and the St. John's County School Board, their officers, servants, agents, and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries and/or property damage known or unknown to the undersigned at the present time that results from any occurrence which may happen to the below stated child during time spent in the Otis Mason Extended Day program, barring proven supervisory neglect.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date



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## VERIFICATION OF UNDERSTANDING POLICIES

THIS SHEET MUST BE SIGNED AND RETURNED WITH YOUR ENROLLMENT FORMS TO ENROLL YOUR CHILD INTO THE EXTENDED DAY PROGRAM AT OTIS MASON ELEMENTARY.

I, \_\_\_\_\_, HAVE READ ALL THE POLICIES OF THE EXTENDED DAY PROGRAM AT OTIS MASON ELEMENTARY AND UNDERSTAND THAT ANY REPEATED VIOLATIONS OF THESE POLICIES CAN RESULT IN THE REMOVAL OF MY CHILD, \_\_\_\_\_, FROM THE EXTENDED DAYPROGRAM.

I DO HEREBY AGREE TO UPHOLD AND ABIDE BY ALL RULES SET ASIDE HEREIN IN CONNECTION WITH MY CHILD'S CARE RECEIVED WITHIN THIS PROGRAM.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_