



OTIS A. MASON ELEMENTARY SCHOOL

207 Mason Manatee Way
St. Augustine, FL 32086
Phone 904.547.8440 Fax 904.547.8445
<http://www-mes.stjohns.k12.fl.us/>

Dr. Nigel D. Pillay
Principal

Natalie Gitto
Assistant Principal

Robert Davis
Facilities Manager

Saponda Lee
School Counselor

TBA
Behavior Specialist

Tiffany Turner
Instructional Literacy Coach

Angela Rumrell
Intervention Specialist

AUTHORIZATION FOR EMERGENCY CARE

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

In the case of serious accident or illness where immediate treatment of my child and is not able to remain at the school, OMES Extended Day Program will contact me to arrange transportation for my child. If OMES Extended Day Program is unable to reach me, I authorize them to emergency contacts on my Emergency Card and request them to transport my child home.

Child's Name _____

Parent Signature _____ Date _____

GENERAL RELEASE OF LIABILITY

The undersigned agrees to release and forever discharge OMES Extended Day program and the St. Johns County School District from all claims and demands, rights and caused 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 OMES Extended Day Program, barring proven supervisory neglect.

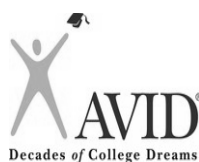
Parent Signature _____ Date _____

VERIFICATION OF UNDERSTANDING POLICIES

This sheet must be signed and returned with your enrollment forms to enroll your child into the OMES Extended Day Program. I, _____, have read all of the policies of the OMES Extended Day Program and understand that any repeated violations of these policies can result in the removal of my child from the program.

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 Signature _____ Date _____



The Six Pillars of CharacterSM

