

# Emergency Contact Form

In the event of an extreme health-related emergency, an ambulance will be called first, followed by the first guardian listed. Calls will continue down, in order, until someone is reached. Please record contacts in order you'd prefer to be notified.

When multiple phone numbers are given for a contact, please highlight or circle the most reliable number during school hours.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

Guardian' Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

## Emergency Contacts:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Name of pediatrician: \_\_\_\_\_

Associated office: \_\_\_\_\_ Office phone number: \_\_\_\_\_

Does your child have any known allergic reactions to medicine? If so, please list below:

\_\_\_\_\_  
\_\_\_\_\_

## Notice of Risk

This program incorporates ample time outdoors, nature studies, working in a garden, exposure to animals, the use of heating elements, kitchen appliances, and tools, including (but not limited to) scissors, hammers, nails, sewing needles, child-safe food knives, specialized art-related tools, and other appropriate tools.

When introducing students to any of the aforementioned tools or activities, we will go over safety rules as a class.

However, just like in life, there will always be risk. Accidents can happen. I believe students should be as safe as necessary, not as safe as possible. With an overabundance of precautionary measures, students would never earn the opportunity to learn new skills, self-regulate their safety, and take responsibility for themselves and their peers. Safe as necessary guides students to properly use tools, assess risk, and handle themselves carefully as needed. This builds confidence as well as an appropriate amount of maturity to work more independently once they have proven to follow each situation's own set of safety rules. As their safety awareness grows, so does their freedom with tools and activities.

Some tools, like scissors, are used more freely. Others, such as a hammer and nails, are only used with adult supervision.

Provided protective gear will be worn when applicable.

For the safety of everyone, if a student fails to follow the safety rules taught in class, they may temporarily or permanently lose the privilege of using tools in class. However, my goal is for students to learn that with the proper amount of confidence, maturity, and respect, we can use tools to create some really wonderful things.

Assessment of risk, and using tools appropriately for the task at hand, are necessary components of the program. Parents are welcome to volunteer their supervision when advanced tools are scheduled for use. Or if you would prefer a more detailed explanation of any situation's specific safety rules, please let me know.

You can assist your child with safety knowledge and fine motor skills by allowing them to use butter or child knives at home to cut soft foods, teach them to spread their own nut butter or jam onto breads, using hammers together (hammering golf tees onto pumpkins is wonderful practice), allowing free access to scissors as well as other craft materials, and generally helping your child to be aware of their own surroundings and safety. See the attached sheet for more ideas!

With your child, please review and sign the Safety Pledge and Liability Waiver. Please discuss my safety expectations with your child, and have them say the pledge out loud before they sign.

## Safety Oath

Tools, equipment, and various environments in the classroom and outdoors are safe guarded as much as possible. General safety practices are emphasized repeatedly. However, bodily injury can occur through these tools and environments. They **MUST BE TAKEN SERIOUSLY**. To help ensure this, please say the safety pledge out loud below, sign your name, and put today's date.

1. I promise to follow all safety rules outdoors, in the science lab, and in the creation station.
2. I promise to not use any tools until I have been given an initial orientation by my teacher, observed a demonstration, and have been given approval for tool use every day by my teacher.
3. I promise to keep my classmates safe by using tools correctly, by staying still when using tools, by putting tools away properly when they are not in my hands, and by only using tools on my own work.
4. I promise to report all accidents, even if they look to be little, to my teacher right away.
5. I promise to show respect for the tools and materials used in school.
6. I promise to show respect and care for my classmates and their creations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (Student)

I have given my permission for my child, \_\_\_\_\_, to use hand tools and participate in the science lab, creation station, kitchen, and garden at Wondering Oaks Learning.

I recognize and acknowledge that there are risks of physical injury involved in many school activities. I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any activities connected with or in association with the Wondering Oaks Learning program. I agree to relinquish all claims my child may have as a result of participating in this program. I further agree to indemnify and hold harmless Wondering Oaks Learning, its volunteers, and property owners associated with participation and activities of Wondering Oaks Learning. I have read and fully understand the above waiver and release all claims.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Guardian 1

Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Guardian 2

Date \_\_\_\_\_

## Health Information

1. Please list any allergies to food below, and describe your child's typical reaction to them.

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2. Please describe any relevant behavioral or mental health information.

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3. When your child is angry or frustrated, what typically helps them calm down or feel better?

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4. When your child is sad, what helps them process their emotions and/or feel better?

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5. Do you have any other information or concerns regarding the mental/behavioral health of your child that you feel I should be aware of or can help with?

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## First Aid Form

In the event of a minor injury, first aid will be applied at school.

School policy for non-emergent injuries is to ask consent from the student before administering first aid. Examples of this include allowing a student to deny a band-aid for a superficial cut or allowing the student to wash an injury with their own hands.

Students will learn about the importance of cleanliness for open wounds, preventing infection, and caring for other injuries, so they can make informed decisions regarding their health.

However, there are situations in which not applying first aid is **not** advisable, and potentially detrimental to the health of the student. In these cases, parent permission is necessary so care can be given.

Wondering Oaks keeps a first aid kit containing, at minimum, the following items:

1. Rubbing alcohol/alcohol wipes
2. Hydrogen peroxide
3. Aquaphor
4. Neosporin
5. Benadryl cream
6. Triple antibiotic ointment
7. Hydrocortisone
8. After Bite
9. Bandages, gauze, tape, and other wrapping
10. Ice packs
11. Tweezers
12. Cotton balls
13. Q-tips
14. Thermometer
15. \*\*\*Benadryl
16. \*\*\*Tylenol

\*\*\* Oral medication, such as Benadryl or Tylenol, will *\*never\** be given without a parent's consent, in written form such as via text message. The only exception to this is if a true emergency occurs, such as an allergic reaction. If you have any questions regarding specific items in the first aid kit, please ask!

Please sign below to give permission for Wondering Oaks to administer first aid when necessary.

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Sick Policy

Wondering Oaks thrives as a small, family-type unit. As such, we encourage close interaction with peers - students are able to hug and play close together. They have access to shared supplies and cozy materials such as pillows and stuffed animals.

In addition, our small community allows us to welcome friends that may have lowered immune systems, or more severe reactions to what may be minor for others.

In order to allow school to carry on in this way - to allow students to freely interact - it is extremely important that students stay home when sick.

Even when illness is not severe, students will not gain much at school if they aren't feeling their best. Simply put, if they aren't feeling well for any reason, give them a day of rest!

*Students must stay home when they:*

- Experience fever of 100.3 or higher (consider keeping home when temps are in the 99s AND student experiences other symptoms)
- Are excessively coughing or have excessive mucus
- Are experiencing vomiting or diarrhea
- Have a rash due to a viral infection, or contagious skin condition such as lice or scabies
- Are acting "off" - lethargic, have a headache, or generally complain of feeling bad
- Have been closely exposed to a positive case of Covid-19
- Have an immediate (household) family member sick with Covid-19
- Are experiencing allergy symptoms, and may have been exposed to someone with Covid-19

*Students may return to school after a sickness when:*

- They are fever-free for 24 hours, without the aid of fever reducing medicine
- They have a negative covid-19 test OR they have quarantined for 10 days (covid related absences only)
- Are no longer coughing excessively, and are able to control bodily fluids
- They are no longer experiencing vomiting or diarrhea, and can eat as normal
- Any contagious skin conditions are healed or past the contagious period
- They feel up to attending school

Please remember that our teachers are human too, and may be sick throughout the year. In addition, our teachers are parents, and their children may be sick at times. Please see the Teacher Absence sheet for further information.

**School Closures**  
**Illness, Field Trips, and Covid-19**

This program is designed to be a supplement to the family, and is not full time care. Therefore, there may be times when school is canceled in the interest of the students. Communication will go out as soon as possible. Please remember to check your phones and the facebook page every night and morning to ensure you don't miss anything important!

Events that may warrant the cancelation of school include:

- Sickness/emergency of teachers/teachers' children (discussed in the Sick Policy and Teacher Absence Policy)
- An outbreak of Covid-19 in the school (2 or more different families within 3 weeks)
- A recommended quarantine period due to extreme Covid-19 spread in Montgomery County
- A relevant field trip, especially if time-sensitive (such as for a traveling exhibit or to stay connected to a specific topic of interest)

I have read and understand the sick policy and school closure policy.

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Teacher Absence Policy

At some point during the year, our teachers will be sick, need to care for sick little ones, or may have outside responsibilities to tend to. We are adopting a teamwork policy to help keep school running as much as possible, and to ensure the well-being of all students and teachers.

**For the 2022-2023 school year, there MUST be two adults present for school to be held on Science/Special Project Days.**

However, that may not always be the case. Our teachers have come up with a creative solution to school cancellations!

We would like to form a parent volunteer group, specifically for these occasions. In the event only one teacher is available, a parent volunteer would attend school that day as a teacher's aide. This would allow school to continue, with two adults to be present. The teacher is responsible for all lessons and behavior management, but our volunteers would be helpful in supervision, preparing activities/lessons, monitoring safety, and being available as an extra set of hands for our teachers with their own littles in class.

Parents interested in doing this will be required to undergo a background check for the safety of our students.

We hope that having two teachers, as well as the option for parent volunteers, allows for significantly less canceled school due to unfortunate and unplanned circumstances.

Thank you!



## Wondering Oaks Homeschool Learning Indemnity Clause

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. ACKNOWLEDGEMENT OF RISK: I, \_\_\_\_\_ (the "INDEMNIFIER") understand and acknowledge the risks and dangers associated with my child's participation in the programs and services offered by Wondering Oaks Homeschool Learning (hereinafter referred to as the "PROGRAMS"). These risks include, but are not limited to, the following: the dangers of falling off playground equipment, collision with other children, contracting viral illness, accidental harm by way of working tools or school supplies, injury caused by accidental or purposeful interaction with wildlife such as snakes and wasps, or with classroom and/or property pets such as dogs, cats, or reptiles, and other dangers associated with the facility, the property, active play, and/or the equipment or materials at the facility.

2. INDEMNIFICATION: I agree to HOLD HARMLESS, RELEASE, DEFEND AND INDEMNIFY Wondering Oaks Homeschool Learning and its owners, building owners, property owners, volunteers, affiliates, employees, successors, assigns and agents (hereinafter referred to as the "INDEMNITEES"), for any liability, claim, suit, expense, or loss arising from my child's participation in the PROGRAMS, including those claims based on any INDEMNITEES alleged or actual negligence. I acknowledge and agree that I am freely and expressively assuming any and all risks of property damage, personal injury, or death resulting from my child's participation in the PROGRAMS.

3. SEVERABILITY: If any parts of this Agreement shall be held unenforceable for any reason, the remainder of the Agreement shall continue in full force and effect. If any provision of this Agreement is deemed invalid or unenforceable by any court of competent jurisdiction, and if limiting such provision would make the provision valid, then such provision shall be deemed to be construed as so limited.

4. BINDING EFFECT: The covenants and conditions contained in this Agreement shall apply to and bind the INDEMNIFIER and the INDEMNITEES and their heirs, legal representatives, successors and permitted assigns.

5. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the State of Texas.

6. WAIVER: The failure of either the INDEMNITEES or the INDEMNIFIER to enforce any provisions of this Agreement shall not be deemed a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

Please sign and date to confirm that you have read and agree to all the above terms and conditions.

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

\_\_\_\_\_  
Date

**Wondering Oaks Homeschool Learning Medical, Technology, and Photography Waiver**

## Wondering Oaks Homeschool Learning Medical Waiver

AUTHORIZATION TO ADMINISTER MEDICAL CARE: I, \_\_\_\_\_ authorize any owner or employee of Wondering Oaks Homeschool Learning to administer first aid or CPR to my child if, in the opinion of the owner or employee, medical care is needed for the child. Further, I authorize any owner or employee of Wondering Oaks Homeschool Learning to call for such medical care for my child or to transport my child to the appropriate clinic or hospital if, in the opinion of the owner or employee, professional medical care is needed for the child. Contacts will be made to the parent/ guardian or authorized persons. Information from my child's records at the center will be used to obtain necessary medical information. I agree to pay all costs associated with such medical care and related transportation for my child and INDEMNIFY and HOLD HARMLESS the INDEMNITEES from any cost incurred therein.

### Wondering Oaks Homeschool Learning Technology and Media Waiver:

Students may engage in supervised educational tablet game play or focused research during school. Students may, when necessary, have access to a student camera or tablet camera to photograph relevant items for a project, journaling, or other activity. On occasion, children may watch school-related shows, such as, but not limited to, "The Magic School Bus", "The Cat and the Hat Knows a Lot About That", and YouTube videos from the channels "Sci-Show Kids", "National Geographic Kids", and other suitable, age and content appropriate show. All videos are previewed prior to student viewing, chosen to specifically enhance learning, and are rated PG or G. I give my permission to allow my child to partake in this program.

### Wondering Oaks Homeschool Learning Photography Release

I consent to the public posting of photos containing my child on social media, including, but not limited to, the Wondering Oaks Homeschool Learning page on Facebook. I am aware that photographs will not be "tagged" to any parent/guardian/person, and no names will be given.

*Please check the box(es) below that apply:*

I consent for my child's face to be visible in pictures: \_\_\_\_\_

I consent for my child to be visible, but I do NOT consent for their face to be visible: \_\_\_\_\_

I do NOT consent for my child to be present in any photograph appearing on the internet. \_\_\_\_\_

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Parent Signature

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Date