

## French Immersion School of Washington

*Ecole Française de l'Etat de Washington*

4211 W. Lake Sammamish Parkway SE, Bellevue WA 98008  
Phone (425) 653.3970 Fax (425) 643.2938 Web [www.fisw.org](http://www.fisw.org)

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February 2021

Dear Parent / Guardian,

We are pleased to have your child enrolled in our **Summer Camp 2021** program.

Please complete and return the enclosed forms **at least one week before** the first day of camp to the attention of Angelina via mail or by e-mail to [angelinarael@fisw.org](mailto:angelinarael@fisw.org). Your child will not be accepted at camp without the following:

- Emergency / Disaster / Release Contact Information
- Medical Information
- Authorizations
- Certificate of Immunization Status

If your child stays for a full day, you need to provide a nutritious lunch and a drink (no sodas). The school provides a morning snack. We would appreciate a change of clothes (labeled), since the children do participate in messy activities. For preschoolers, we would like a sheet for a short rest time, if they stay the whole day. If your child requires sunscreen, make sure that your child is wearing sunscreen when they arrive as we cannot apply sunscreen at the school.

By law, we cannot give any medicine that is not in the original container with the name of the child, the name of his doctor, and a precise dosage. Prescription medicines are required to have a signed authorization form from your child's pediatrician. We will not give Tylenol or any other over the counter medicine without prior written authorization from you. Forms are available at the office. We will need an Allergy Plan signed by a doctor if your child needs to have an EpiPen or other allergy medicines at camp. If your child is sick, please keep him/her at home.

Let us know as soon as possible if your child(ren) will need **after camp care anytime from 3:00 – 6:00pm** during summer camp. After camp care is charged as a flat fee (see the brochure or on our website). After camp care will be offered only if a minimum of 5 children require before/after camp care.

We are looking forward to having a great summertime adventure with your child!

Sincerely,

**Marco Micalizzi | Elementary and Preschool Director** | French Immersion School of Washington

[www.fisw.org](http://www.fisw.org) | 425-653-3970 | 4211 W Lake Sammamish Parkway SE, Bellevue, WA 98008 |  

FISW provides an excellent bilingual education in a welcoming environment that encourages critical thinking and curiosity.

## SUMMER CAMP 2021 AUTHORIZATIONS

Child's name: \_\_\_\_\_

Please select each authorization and sign at the bottom of the form.

**Release Permission**

I hereby give my permission to the French Immersion School of Washington to release my child to the person(s) named on the Mandatory Release Form after proper identification by the staff member in charge.

**Emergency Situation**

In the event of an emergency while my child is in school, I give permission to the French Immersion School of Washington to take appropriate action and then contact the emergency persons named on the Emergency Form.

**Minor injuries or accidents**

Any qualified staff of the French Immersion School of Washington has my permission to administer first aid to my child for any minor injury or accident.

**Photographs**

FISW teachers, administrators will occasionally take pictures of campers, or film during activities. Sometimes these pictures are used in school promotion and/or communication with our parent community. We will never reference your child's name (unless we ask for specific permission) or provide any specific information about your child. Please mark YES (it's okay) or NO (it's not okay) to use your child's photo in the following circumstances:

- |   |   |
|---|---|
| <input type="checkbox"/> In brochures, or other promotional/printed material        | <input type="checkbox"/> Videos on our Facebook or YouTube Page   |
| <input type="checkbox"/> In printed advertisements for publications like Parent Map | <input type="checkbox"/> For general camp classroom use and for school communication to parents (announcements, newsletter) |

Photos on the school's public website, Facebook Page

**Press Release**

I give permission to the French Immersion School of Washington to use my child's name and photographs in press releases.

Parent's name: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

School Official's signature: \_\_\_\_\_

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**Medical Information - Summer Camp 2021**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's name: \_\_\_\_\_ Work phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's name: \_\_\_\_\_ Work phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Child's dentist: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Clinic or Hospital: \_\_\_\_\_

Date of last visit to doctor: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Allergies or drug reactions: \_\_\_\_\_

List of food child is allergic to: \_\_\_\_\_

Regularly taken medication: \_\_\_\_\_

Illnesses: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Group number: \_\_\_\_\_

Subscriber's name and number: \_\_\_\_\_

## **Authorization for Medical Treatment**

I, \_\_\_\_\_ the parent or legal guardian of  
\_\_\_\_\_ hereby give my permission to a qualified staff  
member of the French Immersion School of Washington to give emergency medical treatment to my  
child. I further authorize and consent to medical, surgical and hospital care, treatment and procedures  
to be performed by a licensed physician, or hospital when deemed necessary or advisable to safeguard  
my child's health in the event I cannot be contacted. I waive my right of informed consent to such  
treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency  
center for treatment should an accident or illness require immediate attention.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_