



Westview FIT FOR BLOOMSDAY After School Club

Dear Westview Families,

As you know, fitness is important to building and maintaining our health – especially for our young developing students. With that, we are excited to be offering our Bloomsday Club once again to all Kindergarten through Fifth Grade students!

On Tuesday (April 9th), we begin after school training for these events:

Sunday, April 14th - Jr. Bloomsday (3rd through 7th graders)
Saturday, May 4th - Marmot March (Pre-school through 3rd grade)
Sunday, May 5th - Bloomsday (All ages)

We will not be participating in these public events as a team. Families interested in these events can register online and provide transportation.

Our practices are intended to help your child(ren) be ready should you choose to sign them up for any of the above races. Our practices are from 3:10-4:10 on the following dates (with an Activity Bus available for all regular bussers):

April 9th & 11th (Tues./Thur.)

April 16th & 18th (Tues./Thur.)

April 23rd & 25th (Tues./Thur.)

April 30th & May 2nd (Tues./Thur.)

Please fill out the attached permission form and return to school. *Keep this page for your reference.

GO WILDCATS!

Nicole Stagg (354-4309), Amy Lund, Alicia Demmerly,

Amber Frost, Lyle Stagg

My child _____ (First Name) _____ (Last Name)

has permission to participate in the Westview *"Fit For Bloomsday"*

After School Club.

(Parent/Guardian printed name)

(Parent/Guardian signature)

(Contact phone#)

(Participant's Teacher)

My child will:

☐ Take the activity bus ☐ walk home ☐ be picked up

My child has a healthcare plan on file at school and needs the following accommodations:

****IMPORTANT! The attached insurance form must be filled out, signed and returned before your child can participate.****

Authorization for Emergency Medical Treatment

As legal custodian of a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to initiate paramedic/ambulance care or transport for said minor and to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the previously mentioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the duration of the above listed program unless revoked in writing and delivered to said agent(s). I understand that Westview Elementary School or Spokane Public Schools its employees assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all cost of paramedic/ambulance transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

I understand that Westview Elementary School or Spokane Public Schools does not provide medical insurance for student injuries but does offer student accident/sickness insurance for voluntary purchase. I have received the information and application for this program.

Please check:

☐ I will enroll my child in the above listed program.

☐ I will not enroll my child in the above listed program.

Signature of Parent or guardian: _____ Date: _____

Family Doctor	Address	Phone Number
Health Plan/Insurance	Group/Policy Number	
Medication Allergies		
Other Medications Used		
Health History		
Parent/Guardian Signature		Date