



## Graduation Day Babysitting for Faculty and Staff Registration Form

Parent/Guardian #1 Name (Last, First) (George Mason Faculty/Staff)	Mason Department	Cell Phone Number	E-Mail Address	
Parent/Guardian #2 Name (Last, First)	Relation to Child	Cell Phone Number	E-Mail Address	
Home Address	Emergency Contact Name	Emergency Contact Phone	Relation to Child	
Child's Full Name (Last, First)	Nickname	Date of Birth	Age	Sex
Allergies or Intolerance to Food, Medication, etc. (List allergies and actions to take in an emergency)	Special Needs	Medications (*Complete Medical Authorization Form, Section A if you child requires an epi-pen)		
		Insurance Company	Policy Number	

**Initials**

	<b>Families are responsible for packing a healthy, nut-free lunch, snack and beverage for their child. Labeled water bottles are encouraged.</b>															
	I certify that my child has received a complete physical within the past year and is up-to-date on all immunizations															
	Any child that has had a fever, or experienced vomiting, diarrhea or other contagious symptoms within 24 hours will not be admitted.															
	The CDC will inform parent/guardian if child becomes ill. Parent/guardian will pick up child as soon as possible.															
	I authorize the GMU CDC to seek emergency medical treatment for my child at the nearest facility in the event medical care is required.															
	I understand medications will not be administered during this event. However, if an epi-pen is prescribed for my child, I will bring it along with the necessary, completed *medical authorization form and note it above in the medications section.															
	My child is between ages 3-8 and he/she is potty-trained.															
	I give permission for my child to watch a PG-rated movie selected at the discretion of the CDC staff															
	I understand that children will not be released to anyone not listed above as a parent, guardian or emergency contact.															
	I understand that sending in this registration form does not guarantee a spot on May 16th. Forms will be accepted on a first come, first served basis and I will be contacted via email regarding the status of my registration. <b>Completed registration forms are due in HR &amp; Payroll (4<sup>th</sup> floor Merten Hall, MS 3C3) by Monday, May 4<sup>th</sup>.</b>															
	Weather permitting; children may play outside on the grounds of the CDC. Sunscreen can be applied before drop-off, but will not be applied by staff during the day.															
	Child care will be provided at Mason's Child Development Center on Saturday, May 16 <sup>th</sup> and will complement the Commencement Day schedule:															
	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Child Care Drop-off</td> <td style="width: 30%;">8:00 a.m. - 9:00 a.m.</td> <td style="width: 40%;">Child Development Center</td> </tr> <tr> <td>Procession Lineup</td> <td>8:45 a.m. - 9:00 a.m.</td> <td>Johnson Center North Plaza</td> </tr> <tr> <td>Procession</td> <td>9:40 a.m. - 10:00 a.m.</td> <td>Johnson Center to Patriot Center</td> </tr> <tr> <td>Commencement</td> <td>10:00 a.m. - 12:00 p.m.</td> <td>Patriot Center</td> </tr> <tr> <td>Child Care Pick-up</td> <td>12:00 p.m. - 1:00 p.m.</td> <td>Child Development Center</td> </tr> </table>	Child Care Drop-off	8:00 a.m. - 9:00 a.m.	Child Development Center	Procession Lineup	8:45 a.m. - 9:00 a.m.	Johnson Center North Plaza	Procession	9:40 a.m. - 10:00 a.m.	Johnson Center to Patriot Center	Commencement	10:00 a.m. - 12:00 p.m.	Patriot Center	Child Care Pick-up	12:00 p.m. - 1:00 p.m.	Child Development Center
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By initialing above and signing below I acknowledge that I have read the above policies and agree to adhere to them. I also certify the information I provided above is complete and correct.

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

\_\_\_\_\_  
Date

**This form (Section A only) needs to be completed if your child has an epi-pen.  
No other medications will be permitted for drop-off during babysitting.**

**Medication Authorization Form**  
For Prescription and Non-prescription Medications



Phone: 703-993-3750  
Fax: 703-993-3702  
Email: tmorris1@gmu.edu



VIRGINIA DEPARTMENT OF  
**SOCIAL SERVICES**

**INSTRUCTIONS:**

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

**Section A: To be completed by parent/guardian**

Medication authorization for: \_\_\_\_\_  
(Child's name)

\_\_\_\_\_ has my permission to administer the following medication:  
(Name of Child Care Provider)

Medication name: \_\_\_\_\_

Dosage and times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B: to be completed by child's physician**

I, \_\_\_\_\_ certify that it is medically necessary for the medication(s) listed  
(Name of Physician)

below to be administered to: \_\_\_\_\_ for a duration that exceeds 10 work days.  
(Child's name)

Medication(s): \_\_\_\_\_

Dosage and Times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_