



# SUMMER SCHOOL FORMS PACKET

## MISSION STATEMENT

*The mission of The Winston School San Antonio is to provide a personalized, college preparatory education to students with high potential and identified learning differences. A Winston School graduate is confident, well-rounded, and a life-long self-advocate.*

***Advocating for Minds That Learn Differently®***



**2023 TEACHER FEEDBACK FORM  
Summer School Program  
GRADES K-8<sup>TH</sup>**

The student listed below has registered to attend The Winston School San Antonio (WSSA) – Summer School Program. The WSSA Summer Program is intended for students who need continued reinforcement of skills already achieved, and/or students with identified learning differences (ADHD, dyslexia, dysgraphia, etc.).

The goal of our Summer School Program is to provide reinforcement and maintenance of reading, writing, and math skills for students who may benefit from small group instruction and specialized teaching. **Our program is not intended for students whose primary difficulty is emotional or behavioral.**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_ **Reporting Teacher:** \_\_\_\_\_

1. In what capacity do you know this student and for how long?

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

2. Describe this student's classroom behavior: *(please circle one)*

Excellent                      Average                      Inconsistent                      Poor

3. How would you rate this student's ability to learn? *(please circle one)*

Excellent                      Average                      Inconsistent                      Poor

4. How would you rate this student's achievement in the following classes, please (✓) appropriate level? Please add any additional achievement scores if available.

	Above Grade Level		On Grade Level		Below Grade Level		SCORES
Math:							
Reading:							
Language Arts:							

5. Describe this student's relationship with peers *(please circle one)*:

Excellent                      Average                      Inconsistent                      Poor

6. Any additional comments that would help in our work with this student:

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



2023 Summer School Accident/Illness Release Form (Emergency Information)

In case of an accident or illness during the school day or on a school-sponsored field trip, school personnel will make every effort to contact parent/guardian to apprise them of the circumstances and seek direction for emergency medical care. If unable to contact parent/guardian, parent/guardian hereby authorizes the Headmaster, Head of School, or a designated staff person to seek emergency medical care as required, which may include emergency room treatment, hospitalization, surgery, X-rays, and/or medication.

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

1. Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

2. Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Hospital: \_\_\_\_\_

4. Medications taken regularly by student: \_\_\_\_\_

5. Is the student allergic to any medications? No [ ] Yes [ ] if yes, please explain: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Mother/Guardian Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Father/Guardian Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate person(s) to be contacted if parent/guardian cannot be reached:

Table with 3 columns: Name, Relationship, Day or Cell Phone

My child may be released to:

Table with 3 columns: Name, Relationship, Day or Cell Phone

My son/daughter carools with:

Table with 3 columns: Name, Relationship, Day or Cell Phone

Parent/Guardian Signature

Date



### 2023 Summer School Medical Information Sheet

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

Is he/she in general health good?  Yes  No, explain below:

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

If applicable, please check:

\_\_\_\_ Convulsion Disorder      \_\_\_\_ Significant allergies      \_\_\_\_ Food restrictions      \_\_\_\_ Visual Problems

\_\_\_\_ Wears glasses      \_\_\_\_ Contact Lenses      \_\_\_\_ Hearing Problems

\_\_\_\_ Asthma (*Prescribed inhalers may be kept by the student & self-administered if the physician or parent indicates this need in writing and considers the student sufficiently responsible.*)

Please explain any above: \_\_\_\_\_

Specific medical conditions: \_\_\_\_\_

Restricted physical activities: \_\_\_\_\_

My son/daughter is allergic to: \_\_\_\_\_

His/her allergic reaction is: \_\_\_\_\_

Please list medications taken at home:

Medication	Dosage

**ALL medication must be labeled with the student's name and brought to the School Nurse. If applicable, please complete the Medication Procedure Form.**

- 1. Prescription medication must come in a bottle from the pharmacy.** The medication label must include the doctor's name, name of medication, and dosage. Parent/guardian **MUST** inform the school of any changes in medication.
- 2. Over-the-counter medication** must be labeled and turned in to the School Nurse accompanied with a note from parent/guardian.

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

\_\_\_\_\_  
Date



## 2023 Summer School Medication Procedures

Student's Name: \_\_\_\_\_

Special health care procedures and medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and/or special equipment items are to be brought to the clinic by the parent or guardian.

**All medication must be in its original container.**

**Scheduled Medication:** List the medication name (as it is on the container), the unit dose (for example: 10mg tablet), the amount the student is to receive (for example: ½ tablet), and the time that the student receives the medication (you may put before/after lunch or lunchtime). Also, please be sure to indicate if there are any special instructions for the medication.

Medication	Unit dose	Amount	Time	Special Instructions

**EMERGENCY MEDICATIONS:** List medications/dosage/conditions under which the medication is to be given and any special instructions for administration (for example, using a spacer with an inhaler)

Medication	Unit dose	Amount	Condition	Special Instructions

***Please continue, sign, and date on the back. ➡***

## 2022 Summer School Medication Procedures *(Continued)*

Student's Name: \_\_\_\_\_

**Nonprescription Medications:** Below is a list of nonprescription medications that may be administered on an "as needed" basis according to **label instructions** (age/weight). Please, **place your initial in front of** medication that may be administered to your child should the need arise.

\_\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_\_ Ibuprofen (Advil, Motrin)

\_\_\_\_\_ Loratadine (Claritin)

\_\_\_\_\_ Diphenhydramine (Benadryl)

\_\_\_\_\_ Tums

\_\_\_\_\_ Cetirizine (Zyrtec)

\_\_\_\_\_ Cough Drop/Throat Lozenge

\_\_\_\_\_ Guaifenesin (Robitussin Cough Syrup)

Please list any other medications (prescription and/or nonprescription) that your child may take on an "as needed (prn)" basis:

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_

Prescribed and/or authorized medication/treatment may be administered by the school nurse or by a non-health care professional designated by the Head of School.

**Your signature below indicates acceptance of this policy. No medication will be administered without parental approval. Please approve by signing below.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name



## Publicity Release Form Summer School 2023

PLEASE CHECK EACH ITEM.

- |    | YES                      | NO                       |  |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | I hereby give permission to The Winston School San Antonio (WSSA) to use my child's first name and first initial of their last name and/or photograph for promotional consideration in school publications, website and social media pages for the promotion of school related activities. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | I hereby give permission to WSSA for the right to use my child's image and/or voice for videos that may be taken for promotional consideration on television, the school's website, social media and/or educational purposes in conjunction to school activities.                          |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | I hereby give permission to WSSA to have my child's name and/or photograph in the school's <b>yearbook</b> .   |

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date