



**Please download or print a separate set of forms for each student and be sure to upload all completed documents together.**



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## 2026-2027 BOOST PARENT/GUARDIAN CONTRACT

I acknowledge, understand and agree to the following regarding my child's participation in BOOST as set forth in this Parent/Guardian Contract:

1. I understand that BOOST programs are voluntary activities organized and conducted by BOOST for the benefit of the parents and students attending Brownsburg Community School Corporation.
2. I will take whatever action necessary to ensure my child understands and adheres to all rules, policies, and procedures as outlined by BOOST including, but not limited to, those contained in this Parent/Guardian Handbook, other official BOOST publications, and all subsequent updates. Failure to follow any of the rules, policies, and procedures set forth by BOOST may result in the loss of any paid fees, the expulsion or prohibition of my child from current and future programs, as well as any other consequences deemed appropriate by BOOST.
3. I will accurately complete all required registration information requested by BOOST, prior to my child attending BOOST, and I have disclosed all sufficient information about my student in order to be successful in the BOOST program. I understand that BOOST will run reporting with BCSC Special Education Department to verify all student information is correct and entered accurately.
4. I acknowledge that under Indiana law, all staff members of BOOST are mandated reporters and are required to report suspected child abuse or neglect to the Department of Child Services (DCS) immediately. If a report to DCS triggers an investigation, BOOST will cooperate fully with DCS and authorities.
5. I or a designated adult will escort my child into the program each day and check in with the pin pad provided. I will make and handle all arrangements for transportation to/from the BOOST program. I will pick up my child within the program's established operating hours. The BOOST program closes promptly at 6:00 p.m. each evening. Late fees of \$5 per minute will be assessed beginning one minute past closing time. Late fees are intended for periodic or emergency situations only. If I am unable to consistently commit to the 6:00 p.m. pickup time, my child will not be eligible to participate in the BOOST program.
6. I understand that if my child is showing or developing symptoms such as fever, rash, diarrhea, or vomiting, I will not send my child to the program. I will not send my child if he/she currently has or has had a temperature above 100 F degrees or above in the past 24-hour period prior to attendance. If any of the above symptoms develop during the program, I will be contacted, and I will make necessary arrangements to pick up my child immediately.
7. If my child needs to take any medication during the day, I will complete a Medication Dispensing Authorization Form and supply the prescribed medication in its original container during drop off. I understand that staff members are not allowed to give the first dosage of any medication. If my child refuses medication, it will be documented, and I will receive a phone call to discuss the incident.
8. I will be responsible for any medical care, transportation expenses, or additional expenses incurred on my child's behalf during his/her participation in the program.
9. I will meet immediately with BOOST staff members upon request.
10. I will pay all court costs and attorney's fees associated with the collection of delinquent fees.

11. I agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND BOOST and BCSC, their employees, agents, elected and appointed officials, and directors in any action or proceeding against all claims, lawsuits, losses, damages, actions, suits, proceedings, claims and expenses, including attorney's fees and costs arising from or relating in any respect to either me or my minor child's participation in the program or my assistance at the program or my breach of this contract, regardless of whether the act or omission complained of was caused in whole or in part by the negligence in any form of the BOOST or BCSC.

12. This is a full release and waiver of any and all liability that may now or forever be attributed to BOOST or BCSC resulting from the program and/or my child's participation in the program. This Contract cannot be changed except by written amendment approved by BOOST, which specifically refers to this Contract. I have read and fully understand this Contract and agree to be bound by its terms. I understand that by signing this document, I may be waiving certain legal rights, including the right to sue the BOOST program or the Brownsburg Community School Corporation or any of its employees, agents, officials, and directors. I have read this document and signed this document freely and willingly.

Parent/Guardian Name (printed) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_

Child Name(s) (printed) \_\_\_\_\_

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## 2025-2026 BOOST PARENT/GUARDIAN HANDBOOK ACKNOWLEDGEMENT

After reading the Parent/Guardian Handbook, please sign the appropriate lines below and return this form to your Site Manager by email or in person. By signing below, I hereby acknowledge that I have completely read and fully understand the contents of the BOOST Parent/Guardian Handbook. I agree to follow the rules, guidelines, and policies outlined in the BOOST Parent/Guardian Handbook. I understand that BOOST reserves the right to amend any policies and procedures whenever necessary, and that I will abide by any changes made. Any amendments made to the Parent/Guardian Handbook will be distributed by BOOST.

Parent/Guardian Name (printed) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_

Child's Name(s) (printed) \_\_\_\_\_

## **BOOST Medical Release**

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

**Allergies:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**All Medical Conditions:**

\_\_\_\_\_

**Medications to be given at Boost (include emergency medications):**

\_\_\_\_\_

### **Permission for Emergency Services**

To ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate Boost/school staff. This will be done only on a “need to know” basis and in a confidential manner. I agree to alert the Boost program, school nurse and my child’s teacher, in writing, of any change in medications and/or health status of my child. I will furnish the Boost program/school with a current telephone number and address in case of an emergency. The above permission will be valid unless I revoke the permission in writing. In case of an emergency involving your child, the Boost employee will render first aid treatment while contacting parents for further instructions. Only after reasonable efforts to reach the parents without success will we call parent –provided emergency contacts. Only in extreme cases will 911 be contacted. By signing below, I authorize the school to seek emergency treatment for my child.

Parent signature \_\_\_\_\_

### **Health and Wellness**

The Boost program will operate under the same “illness” guidelines as the school. A student may be excluded from Boost if a communicable disease that is transmissible through normal contact is suspected. The general guidelines for sending ill students home are: temperature above 100 degrees, vomiting, diarrhea, and/or serious injury or extreme pain. A student must be fever-free without the use of fever-reducing medication for 24 hours in order to return to Boost. A student must also be free of vomiting and diarrhea for 24 hours in order to return to Boost.

### **Injuries**

For any minor injuries (cuts, bruises, etc.), simple first-aid will be applied immediately, and the parent/guardian will be notified at pick up time. For more severe injuries, the parent/guardian will be contacted for pick up to assess and seek medical attention if necessary. For extreme injuries, 911 will be called along with the parent/guardian to meet the student at the hospital. A staff member will accompany the student to the hospital. A Boost staff member will fill out an incident report anytime an injury occurs that could require medical attention.

## **Medications**

If your student must take a medication while at Boost the following guidelines must be followed.

1. Necessary over the counter medication-must be provided to Boost in an unopened container. The student will be dosed based on the package directions. If the medication provided does not have directions per the student's age, the medication will not be given. The student's name must be written on the package. Over the counter form must be filled out by the student's parent/guardian.
2. Prescription Medication-must be provided in a current prescription bottle with prescription label. This will serve as the order from the student's doctor. Prescription form must be filled out by the student's parent/guardian.
3. All medications should be brought directly to a Boost staff member to be safely stored and administered under adult supervision.
4. No medication will be sent home with a student. Any medication not picked up at the end of the school year will be destroyed.
5. Students who need to self-carry their emergency inhaler or EpiPen must have a hold harmless form signed by both their doctor and parent/guardian.

## **Tylenol/Ibuprofen**

Children's Tylenol and Children's Ibuprofen will be kept on site. If a student gets a fever, and a parent/guardian is delayed in picking their student up, a dose of Children's Tylenol or Children's Ibuprofen can be given with the parent/guardian verbal permission. The dose of the medication will be determined based off the directions on the medication bottle.

# BOOST

## PRESCRIPTION MEDICATION AND HOLD HARMLESS RELEASE - OPTIONAL

Boost personnel may not administer any prescription medication without a valid physician's prescription or pharmacy label. If medication changes, either in type or dosage, a new medication with current and accurate pharmacy label must be sent to the Boost program. Students may carry and self-medicate for emergency conditions only with both physician's and parent's permission. **THIS FORM IS GOOD FOR ONLY ONE YEAR AND MUST BE RENEWED ANNUALLY.**

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

Physician's order or Medication (name, dosage, and frequency):  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ **This medication is used in emergency situations and the student has been instructed in self-medication (physician signature required).**

\_\_\_\_\_  
(physician signature)

\_\_\_\_\_  
(physician printed name)

\_\_\_\_\_  
(date)

I (we) hereby give the Boost employees, the authority to administer the above medication. In the case of emergency medication, I give my permission for my child to carry and administer this medication. I (we) shall hold harmless the Brownsburg Community School Corporation/Boost Program, its trustees, administrators, teachers and employees who may act in reliance upon the authority granted by us.

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(relationship to student)

\_\_\_\_\_  
(date)

**FOR BOOST USE ONLY** – Must have at least one box checked before accepting and administering medication.

- ☐ Received medication in original container with current pharmacy label including student's name, medication, dosage and prescribing physician

- ☐ If self-carry: Received physician's order confirming medication, dosage and that student has been properly instructed in how to self-administer medication

\_\_\_\_\_  
Boost employee signature

\_\_\_\_\_  
Date

Revised 1/2026

## BOOST Medication Inventory

**Student Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Route: \_\_\_\_\_ Time: \_\_\_\_\_

[illegible][illegible]