

**Veterans Park District at PAEC Center
AFTER SCHOOL CARE 2018-2019
Parents Packet**



This Parent Packet supersedes any policies, procedures, or guidelines that have come before it.

PLEASE READ THOROUGHLY. The parent/guardian will be held responsible to follow the rules, regulations and guidelines in this packet. There will be no exceptions to the rules in this packet. The following rules, regulations and guidelines are for the safety of your children and to ensure that After School Care program runs efficiently.

MISSION STATEMENT

Veterans Park District is committed to enhancing the quality of life of our residents by offering the best in recreational and leisure services.

PROGRAM PHILOSOPHY

Veterans Park District's After School Care program is one that promotes a positive learning environment in a recreational setting. Learning through play has a lasting impact on individuals.

PROGRAM HOURS AND LOCATION

- After School Care is held **MONDAY - FRIDAY** from **3:00 to 6:00 p.m.**
- Children may be registered for one day per week (\$7.50 per day) to five days per week (see monthly rates below).
- Children may be picked up any time during program hours, **but no later than 6:00 p.m.**
- **Transportation will be provided home to After School Care participants after 6:00 p.m.**
- This program is for students that attend PAEC Center and St. Domitilla.
- The After School Care program is hosted out of the PAEC Center in Maywood, IL.

PAEC CENTER

**1000 Van Buren Street
Maywood, IL 60153**

REGISTRATION

- 1) **A Registration Packet must be completed each school year** and turned in to Veterans Park District, NOT Paec.
 - 2) **A Supports Assessment must be completed by every NEW student entering the program:**
 - A Supports Assessment must be completed with Special Recreation Supervisor at a meeting with the parent/guardian **and** child. The information is utilized to determine the extent of the supports needed for the child and to ensure the safety and well-being of all participants.
 - 3) **A Supports Assessment and Registration Packet must be on file at the Veterans Park District PRIOR to the start of your child attending the After School Care Program to ensure proper record keeping, and to secure both you and your child's information.**
- If a parent is registering by phone, this parent packet can be emailed or faxed to Veterans Park District Special Recreation – a **registration will not be processed until the parent packet is received and a supports assessment has been completed with a Special Recreation Supervisor.**
 - Sessions may be paid over the phone or in person via credit, check, or cash Discover, Master, and Visa accepted at
Leoni Complex, 800 N 17th Ave. in Melrose Park #708-716-4822
Grant Park, 44 Golfview Dr. in Northlake #708-343-5270

- **Registrations and payments are NOT to be handled by After School Care Staff.**
- A child must be registered **one week before** they begin attending After School Care. **IMPORTANT:** This is to allow Veterans Park District enough time to inform PAEC School/teachers and the bus company that your child will be attending the After School Care Program. Also, please consider the time that it takes the bus company to set up their bus routes. It may take up to 2 business days before your child may be able to use the transportation if you are not registered in a timely manner.

There is no exception to this policy. This is for the safety of the child(ren).

NOTIFYING THE SCHOOL & BUS COMPANY

Once the child is registered, the Veterans Park District Special Recreation Supervisor will inform PAEC and the bus company (First Student) that the child will attend the After School Care program.

SESSIONS

- Each month of school is considered a **Session**.
- Veterans Park District follows the PAEC School calendar.
- Payment must be made by the week **PRIOR** to the first day of the new session/month.
- You may choose to enroll your child for all eligible days of the session **OR** select days of the week.
- **YOU MUST LET US KNOW THE DAYS OF ATTENDANCE AT THE TIME OF REGISTRATION***
- Children will **NOT** be allowed to be registered on weekly basis, you must let us know of the day your child will be attending the program **PRIOR** to the start of the new month.

Session No. Month	Payment Due By	Duration of session	Number of eligible days	Total Cost for Entire Session (Attending every day)
398888D0	MON, 8/13/18	August 20-31	10	\$75.00
398888D1	MON, 8/27/18	September 4-28 *No Program 9/3 and 9/21	18	\$135.00
398888D2	MON, 9/24/18	October 1-31 *No Program 10/8 and 10/26	21	\$157.50
398888D3	THU, 10/25/18	November 1-30 *No Program 11/12 and 11/20-11/23	17	\$127.50
398888D4	MON, 11/26/18	December 3-20 *No Program 12/20-12/31	14	\$105.00
398888D5	FRI, 12/28/18	January 7-31 *No Program 1/1- 1/4 and 1/21	18	\$135.00
398888D6	FRI, 1/25/19	February 1-28 *No Program 2/15 and 2/18	18	\$135.00
398888D7	FRI, 2/22/19	March 1-21 *No Program 3/4, 3/15 and 3/25-3/29	13	\$97.50
398888D8	FRI, 3/22/19	April 1-30 *No Program 4/19	21	\$157.50
398888D9	WED, 4/24/19	May 1-31 *No Program 5/27	22	\$165.00

***Prices are subject to change due to changes in the school calendar

PAYMENTS AND REFUNDS

- 1) Payments must be made **in full before each session begins**. The cost per day is **\$7.50**.
- 2) **Price adjustments will NOT be made due to any occurrences that are out of our control:**
 - a. Sick Days
 - b. Personal Vacations or Pick-Ups
 - c. Inclement Weather (No ASC in session)
 - d. Unexpected School Closing (No ASC in session)
 - e. Holidays or No School Days (No ASC in session) – **Adjusted in price.**
 - f. Veterans Park District **will NOT** have After School Care on scheduled **half-days or early dismissals.**
 - g. Request for **refunds** must be made prior to the start of the new session. No refunds will be allowed once the session begins.
- 3) **Behavior Policy**

Please review our Behavior Policy with your child or children. If your child or children is involved in conduct that is deemed unacceptable, it will be handled by the After School Supervisor first.
If a resolution cannot be achieved, we will then proceed according to the Behavior Policy.
***No refunds will be allowed if your child is expelled from the program.**

STAFF ORGANIZATION

- Afterschool Care Supervisor (Veterans Park District Special Recreation Staff)
- Afterschool Care Aides

If you have any comments, questions, or concerns regarding After School Care, please feel free to call Veterans Park District Special Recreation Supervisor at #708-716-4822.

CONTACTING VETERANS PARK DISTRICT

- The best way to contact the Park District in regards to general questions about the After School Care program, or for any reason, is to call Leoni Complex at #708-716-4822.
- In case of emergency, and the ASC Supervisor is not available, please contact the Director of Recreation at #708-343-5270.
- Suggestions: All suggestions and inquiries must be made to the After School Care Supervisor in written form. **Informing the VPD Front Desk Staff does not guarantee that your needs will be met immediately.** Please write a letter to Veterans Park District Special Recreation Staff if you have any suggestions or inquiries.
- For Tax Purposes, the Veterans Park District ID# is 36-3427653

PROGRAM MINIMUMS AND MAXIMUMS

Our PAEC After School Care Program ratio for children to instructor will be kept at a 4:1 ratio.

SIGN IN and SIGN OUT PROCEDURES

- If you decline bus transportation through PAEC after the program has ended and choose to pick up your child, you must notify the Special Recreation staff at (708)937-3424 by 12 p.m.
- If you are late, you will be charged a late fee.
- **PLEASE PICK UP AT THE FRONT DOORS AT PAEC BY 6 P.M.**

- Attendance will be taken by the after school care aides each day.
- **For those who decline transportation home, children will be released only to those persons listed on the Sign out for Safety form**, which you filled out at the time of registration. Please make sure that everyone who is listed will be available to pick up your child at the end of the day.
- **Everyone listed must have a current and working phone number.**

CANCELLATIONS

The Park District reserves the right to cancel programs due to insufficient registration or causes beyond its control. In the event that the program is cancelled on any particular day due to circumstances beyond the control of the park district, we will make every effort to call the telephone numbers that you have provided us, to inform you of the cancellation(s).

ABSENCES & TRANSPORTATION

If your child will not be attending the after school program, you **must** call the Special Recreation Department at 708-716-4822 by 12:00 p.m. so that we may inform the Afterschool Care Staff of the child's **non-attendance or decision not to use transportation home** for that given day.

- If your child is expected to be in attendance, but is not present (based upon confirmation with school staff) at pick-up, we will assume you have made other arrangements and did not notify the Park. For safety and accountability purposes, it is important to communicate your children's whereabouts with us!

LATE PICK-UP POLICY

Every effort must be made to pick your child up at the end of the program. We understand that unforeseen situations due occur. If you are aware of this prior to the end of the program, it is your responsibility to contact the person(s) you have on your Sign Out for Safety Form. If the situation arises, you do not have ample time to contact one of your alternates, and you must call the facility to make the staff aware of your situation - Late fees may be applied.

- **Late Fees will be as follows:**
 - **\$5 for the first 15 minutes**
 - **\$2 per minute after the first 5 minutes**
- **If you are late and a fee is applied, you must pay this fee BEFORE your child can attend After School Care again.**
- If a parent is continuously late (even if late fees have not been assessed), they will be asked to have a meeting with the ASC Supervisor and the Recreation Director to resolve the issue and ensure it does not become a habit.

SNACKS

- Veterans Park District will provide a small healthy snack during the program.
- **If your child has any food allergies you should make sure that these are noted at the time of registration.**
- Parents are encouraged to provide their children with a snack, should they feel what the Park provides is not sufficient.

SPECIAL RECREATION BEHAVIOR POLICY

Code of Conduct

Equal Access

No eligible participant shall, on the basis of race, creed, national origin or disability, be denied equal access to programs, activities, services or benefits or be limited in the exercise of any right, privilege, advantage or opportunity. If any special accommodations are necessary for participation in any program or to receive any service provided by Veterans Park District, please notify the staff upon registration.

Behavior

All participants are expected to exhibit appropriate behavior at all times while participating, spectating or attending any program or activity sponsored by Veterans Park District. This includes participation in programs which may or may not require an admission fee. For the purpose of the Code of Conduct, the term “program” refers to all recreational events you may attend as a participant, spectator or visitor which are sponsored by Veterans Park District.

Participants shall:

1. Show respect to all participants and program staff and/or supervisors.
2. Take direction from program staff/supervisors.
3. Refrain from using abusive or foul language.
4. Refrain from causing bodily harm to self, other participants or program staff/supervisors.
5. Show respect to equipment, supplies and facilities.

Discipline

A positive approach is used when disciplining. Program staff may discuss the Code of Conduct with all participants prior to the start of the program and will periodically review the Code of Conduct. If inappropriate behavior occurs, staff will develop a solution specific to each situation as it arises consistent with the Veterans Park District Special Recreation Behavior Policy attached to this Code of Conduct. Veterans Park District reserves the right to dismiss a participant whose behavior endangers them or others.

Participant Expectations

1. Clean, dry clothing.
2. No bowel/bladder problems upon arrival at the transportation location or program. If this is a concern, extra clean clothing, clean-up supplies and Depends™ garments or similar items must be sent with the participant.
3. Attention to body odor (should smell clean).
4. Clean hair, face, teeth, hands, nails, etc. (overall appearance should be clean).
5. Appropriate attire for program participation (i.e. tennis shoes, warm ups or loose/comfortable fitting clothing for athletic/sports/exercise program). If you have questions about the type of attire participants should wear for a particular program, please contact our office.
6. Veterans Park District staff will also be consistent in stressing personal hygiene while participants are in our programs and will not return participant(s) in an unclean manner at the end of a program.

VETERANS PARK DISTRICT SPECIAL RECREATION BEHAVIOR POLICY DISCIPLINE PROTOCOL:

Step 1. The Program Staff will explain to the child/adult (“Participant”) one-on-one why their behavior(s) is/are not acceptable, then **warn** the Participant that if the behavior(s) is/are demonstrated again, they will have to sit out. Parent will be informed of the warning.

Step 2. If the Participant repeats behavior(s) or does not follow the Program’s rules again, they will be asked to sit out. *The length of the calm down time will be determined by staff based on individual needs.*

Incident Report# 1 will be written and parent will sign.

Step 3. If behavior(s) is/are repeated or Participant does not follow the Program’s rules after the calm down/sit out period and the first incident, **Incident Report #2** will be written. Parent/guardian will be notified of the behavior and will sign the report.

Step 4. If behavior(s) is/are repeated or Participant does not follow the Program’s rules after the second incident, **Incident Report #3** will be written. Parent/guardian will be notified of the Participant’s behavior and will sign the report.

- a) After three Incident Reports are made, the parent/guardian will attend a mandatory meeting with the Special Recreation Supervisor to discuss the behavior(s).

Step 5. If the inappropriate behavior(s) continue(s) after the mandatory meeting, **Incident Report #4** will be written. Parent/guardian will be notified of the Participant’s behavior and will sign the report.

- a) After four Incident Reports are made, Participant **will be paused from the Program where the inappropriate behavior arises for the length of 3 days**, at the discretion of the Executive Director.

***Participant will be paused for 1 program session if he/she attends a program that meets once per week or every two weeks.**

- b) The parent/guardian will also attend a mandatory meeting with the Special Recreation Supervisor and Executive Director to discuss the behavior(s).
- c) The Participant will be allowed back once a Behavior Plan has been drafted by the Special Recreation Supervisor and approved by the Executive Director.

Step 6. If the inappropriate behavior(s) continue(s) after the mandatory meeting and a Behavior Plan being in effect, **Incident Report #5** will be written, and the Participant will be immediately **terminated** from the Program at the discretion of the Executive Director.

*In cases where the inappropriate behavior presents a direct threat to the safety of Participant or other participants, staff or spectators, the parent/guardian shall be notified immediately and the Participant will be removed/paused from the program and the local police will be notified.

*Behavior subject to immediate removal or being paused from the program includes, but not limited to punching, kicking, biting, hitting or other acts of violence toward others, repeated acts of bullying or damage to Park District property or the property of others.

*Physical Contact that is a normal by product of the activity shall not be considered a violation of this policy.

I understand and agree to the above behavior policy: _____

Sign and Date

Print Parent/Guardian Name: _____

Participant’s name: _____

Place a copy of the signed and dated agreement in the Participant’s file. Give a copy to the parents

MEDICAL INFORMATION

We are naturally concerned about your child’s safety. Please indicate, when registering, any and all special medical problems or allergies, including food allergies, your child may have, so we can make the staff aware of these needs.

1. Illness

- **If your child is ill or has a fever**, we discourage their participation.
- **If a child becomes ill during the program**, a parent/guardian will be notified and asked to pick up the child. If the parent is unavailable, the emergency contacts will be called.
 - Your child must be fever free for 24 hours before returning to the program.
- **In case of contagious disease**, please notify the Main Office immediately.

- All parents will be notified as soon as possible.
 - **A doctor's note must be handed in at the Main Office upon your child's return to the program.**
- **If you detect Lice** or your child has been sent home from school with Lice, please notify Special Recreation Staff IMMEDIATELY!
 - Names of children who have lice will be confidential BUT it is our responsibility as a child care provider to inform other parents that lice has been detected.
 - **A doctor's note must be handed in at the Main Office upon your child's return to the program.**

2. Injuries

If you child is hurt during the after school program, an injury report will be filled out and given to you to sign at the end of the day.

- If the injury requires more than basic first aid, a parent will notified immediately.

3. Medical Emergencies

If your child is injured and requires the staff to seek immediate medical attention, the following steps will be followed:

- a. Staff will call 911
- b. The parent or guardian will be contacted
- c. If parent or guardian is not available then the person(s) listed as emergency contacts will be called
- d. The injured child will be taken by paramedics to the nearest hospital. You will be responsible for the emergency medical charges for all services rendered. Your authorization for program staff to secure emergency medical care and your commitment for payment thereof is part of your registration agreement. Park District employees are not permitted to transport injured parties in park or private vehicles.

Veterans Park District will not be responsible for situations that may arise due to false information given at the time of registration.

Veterans Park District at PAEC Center
AFTER SCHOOL CARE 2018-2019
Registration Information



Child's Personal Information

PLEASE PRINT

Child's Name: _____ Birthday: _____ Sex: Male Female

Age: _____ Grade: _____ School: _____ Teacher: _____

Email address: _____

Does your child have special needs? Yes: _____ No: _____

If yes, please explain: _____

Home Address: _____ City: _____ Zip: _____

Mother's Name: _____ Home or Cell Phone: _____

Emergency or Work Phone _____

Father's Name: _____ Home or Cell Phone: _____

Emergency or Work Phone: _____

*****If you are choosing less than 5 days a week option or days that may vary, please provide a list of days your child will be attending PRIOR to the start of each session. NO registrations on Weekly basis.**

Waiver and Release: I do hereby fully release discharge the Veterans Park District, Proviso Area for Exceptional Children schools (PAEC), their officers, agents, servants, employees, and After School Care from any and all claims from injuries including death, accident, damage or loss sustained by my child and arising out of, connected with, or in any way associated with the Veterans Park District After School Care.

GUARDIAN SIGNATURE: _____ Date: _____

Child's Name: _____

Child's Health History Record

PLEASE PRINT

Part 1: Illness and Injuries (Check all that apply)

Asthma: _____ Hypertension: _____ Heart Defect/Disease: _____
 Diabetes: _____ Ear Infections: _____ Musculoskeletal Disorders: _____
 Seizures: _____ Bleeding/Clotting: _____
 Other: (Explain Below):

If you child has a history of/seizures, please indicate the emergency plan to be undertaken immediately and after 4 minutes of seizing in the section below:

Date of last physical exam: _____
 Date of last Tetanus Shot: _____

Family Physician: _____
 Phone: _____

Activities to be restricted: _____

Part 2: Allergies (Check all that apply **and please specify**)

Animals: _____ Insect Stings: _____ Pollen: _____ Plants: _____ Hay Fever: _____
 Medications/Drugs: _____ Food: _____
 Other: (explain below)

Nature of allergic reaction. Please specify:

Other: _____

Child's Name: _____

Part 3: Other Health Conditions (Check all that apply **and please specify**)

Hearing Impairments: _____ Motion Sickness: _____ Nosebleeds: _____ Fainting: _____
Emotional Disturbances: _____ Glasses/Contacts: _____ Speech Impediment: _____
Diet Restrictions: _____ Visual Impairments: _____ Takes Medications: _____

Please Specify: _____

Part 4: Eating, Mobility, and Toileting (Please specify the level of support needed for the following activities)

Eating:

- _____ Independent
- _____ Requires minimal supervision and support
- _____ Requires moderate supervision and support
- _____ Requires total supervision and support
- _____ Other (for example adaptive equipment)

Please Specify: _____

Mobility:

- _____ Independent
- _____ Requires minimal supervision and support
- _____ Requires moderate supervision and support
- _____ Requires total supervision and support
- _____ Other (for example has wheelchair, walker, other adaptive equipment, uneven gait, and/or susceptibility to falling)

Please Specify: _____

Toileting:

- _____ Independent
- _____ Requires minimal supervision and support
- _____ Requires moderate supervision and support
- _____ Requires total supervision and support
- _____ Other (for example need prompting, has accidents, and/or wears diaper/briefs)

Please Specify: _____

Child's Name: _____

Part 5: Behaviors Habits

To best provide adequate supports and ensure that safety of all participants and staff, we are interested in what specific behavioral habits that your child engages in. Please check the behavioral habits that apply.

Self-injurious behavior (towards self)

- _____ Head banging
- _____ Biting
- _____ Scratching
- _____ Pica
- _____ Other

Please Specify: _____

Physical Aggression (towards others)

- | | |
|--------------------|-----------------------|
| _____ Hitting | _____ Kicking |
| _____ Biting | _____ Slapping |
| _____ Scratching | _____ Spitting |
| _____ Hair pulling | _____ Pushing/shoving |
| _____ Head butting | |
| _____ Other | |

Please Specify: _____

_____ *Elopement/running or darting away*

Verbal Aggression

- | | |
|--------------------|-------------------|
| _____ Swearing | _____ Threatening |
| _____ Name Calling | |
| _____ Other | |

Please Specify: _____

Other

- _____ Transition Difficulties
- _____ Property Destruction
- _____ Other Not Indicated Above:

Please Specify: _____

Child's Name: _____

Emergency Care Release

I, _____, parent/guardian of _____ have enrolled my child in Veterans Park District After School Care or Spring Break Camp, and hereby authorize Dr. _____, my child's physician, or any other physician in his/her group practice, in my behalf to administer emergency medical assistance to my child during a Park District activity. In the event Dr. _____ or any physician in his/her group practice is not available, I hereby authorize the Veterans Park District, their employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety, and welfare of my child.

GUARDIAN SIGNATURE: _____ Date: _____

Permission to Dispense Medication: Waiver and Release of All Claims

The Veterans Park District will **NOT** dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The participant **MUST** be able to orally administer the medication on his/her own. Staff are not permitted to orally administer medications to participants who cannot take the medications on his/her own nor inject medication. A written prescription as well as training **MUST** be provided to staff.

Name of Program: _____

I, _____, the parent/guardian of _____ give permission to Veterans Park District to administer my child (name of prescription(s): _____). I understand my responsibility to give medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

Participant's Name: _____

Name of Medicine and Dosage: _____

Instructions: _____

In all cases the recommended dosage of any medication will not be exceeded. If after administering medications there is an adverse reaction I give my permission to the Veterans Park District to secure from any licensed hospital physician and or medical personnel, any treatment necessary for immediate care. I agree to be responsible to be responsible for payment of any and all services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administration of medication to my minor child. In consideration of the Veterans Park District administering medication to my child, I do hereby fully release or discharge Veterans Park District, agents, staff, and employees from any and all claims of injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administration of medications.

GUARDIAN SIGNATURE: _____ Date: _____

Child's Name: _____

Permission to Dispense Medication

Participant's Name: _____ Date of Birth: _____

Doctor's Name: _____ Phone: _____

Medication (prescription and over the counter)

*Over the counter medicine must have a doctor's note explaining dosage and frequency.

1. Name: _____ Dose: _____ Time: _____

Dispensing/Storing Instructions: _____

Possible Side Effects: _____

2. Name: _____ Dose: _____ Time: _____

Dispensing/Storing Instructions: _____

Possible Side Effects: _____

3. Name: _____ Dose: _____ Time: _____

Dispensing/Storing Instructions: _____

Possible Side Effects: _____

Additional Information

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency of any changes in the dispensing of medication.

Name Printed of Participant Signature of Participant Date

Name Printed of Parent/Guardian Signature of Parent/Guardian Date

Waiver and Release of All Claims
Regarding Medication

WAIVER & RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Veterans Park District administering medication to my minor child, I do hereby fully release or discharge the Veterans Park District and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Signature of Participant: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

REQUEST FOR ADMINISTRATION OF PRESCRIPTION MEDICATION TO CHILD

Child's Name: _____ Date of Birth: _____

Address: _____ Date: _____

Under certain conditions, as a service to you and for the welfare of your child, Park District personnel may agree to honor parent and doctor requests for the administration of prescribed medication to students for limited periods of time. All medications must be in the original container, clearly labeled (with child's name, name of medication, dosage, schedule, prescription number, date filled, expiration date and prescribing physician's name), and will be kept locked in the office at all times.

To be completed by Physician:

I recommend that the prescribed medication be given to: _____

Name of Medication: _____ Dosage: _____

Reason for Medication (optional): _____ Frequency: _____

Start Medication: _____ Stop Medication: _____
(Date) (Date)

Tablet/Capsule Liquid Inhaler Injection Nebulizer Other

Possible side effects and adverse reactions: _____

Special Instructions: _____

Physician's Name (please print)

Physician's Signature

Physician's Telephone Number: _____

Date: _____

To be completed by Parent or Legal Guardian:

I do hereby request and authorize administration of medication to be given to the above named child.

- I will assume responsibility for safe delivery of medication to the Park District.
- I am aware that the staff member who dispenses this medication is not medically trained.
- I will notify the Park District immediately if there is a change in the use of the medication or the prescribed treatment.
- I release and agree to hold the Park District, its officials, its employees and volunteers harmless from any and all liability, foreseeable or unforeseeable, for damages or injury resulting directly or indirectly from this authorization.
- I understand that the medication will be destroyed if it is not picked up within one week following the termination of the order or one week beyond the end of the last session of the program attended by my child.

Signature of Parent/Legal Guardian

Date

Telephone Numbers: Daytime: _____

Home: _____

Cell: _____

Sign Out For Safety

The Veterans Park District **Sign out for Safety** system will improve the security of our After School Care departure times. At registration, all parents will be required to submit a list of people that are permitted to pick up their child. The program Supervisor will only release the children to the people designated on the list. These people will all be required to sign their names at the time of dismissal.

Please inform the people picking up your child (those on the list) about the **Sign out for Safety** system. Program staff will not allow any child to leave with someone who is not on the list, and does not sign the sheet.

Mother and fathers' names (on page 1) will already be considered on this list. Please list your alternatives.

Print Name: _____ Relationship: _____
Phone #: _____

Print Name: _____ Relationship: _____
Phone #: _____

Print Name: _____ Relationship: _____
Phone #: _____

Print Name: _____ Relationship: _____
Phone #: _____

I allow my child to sign themselves out and leave the facility on their own. Yes No

I have read and agreed to adhere to the policies, procedures, and requirements found in the above After School Care Parents Packet, and provided information found in the above Registration Packet, which include: child's personal information, child's health history record, emergency care release, permission to dispense medication waiver, and sign out for safety.

Child's Name (Print): _____

Parent Name (Print): _____

Parent Signature: _____ Date: _____

I have received, read, and agreed to adhere to the Veterans Park District Special Recreation Behavior Policy.

Child's Name (Print): _____

Parent Name (Print): _____

Parent Signature: _____ Date: _____