

**Veterans Park District at PAEC Center
AFTER SCHOOL CARE 2017-2018
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** some 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)
398888C0	MON, 8/21/17	August 21-31	9	\$67.50
398888C1	MON, 8/28/17	September 1-29 *No Program 9/4 and 9/15	19	\$142.50
398888C2	MON, 9/25/17	October 2-31 *No Program 10/9 and 10/20	19	\$150.00
398888C3	TUE, 10/25/17	November 1-30 *No Program 11/10 and 11/21-11/24	17	\$127.50
398888C4	SAT, 11/26/17	December 1-21 *No Program 12/15 and 12/22-12/29	15	\$112.50
398888C5	MON, 1/1/18	January 8-31 *No Program 1/1- 1/5 and 1/15	17	\$127.50
398888C6	MON, 1/29/18	February 1-28 *No Program 2/16 and 2/19	18	\$135.00
398888C7	MON, 2/26/18	March 1-22 *No Program 3/5, 3/16 and 3/23-3/30	14	\$105.00
398888C8	MON, 3/26/18	April 2-28 *No Program 4/2	20	\$150.00
398888C9	MON, 4/23/18	May 1-29 *No Program 5/28, 5/30	20	\$150.00

***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.

BEHAVIOR POLICY

The following Special Recreation Behavior Policy Staff Response to Specific Violations of Behavior Policy:

1. Program staff member will explain to the child/adult ("Participant") one-on-one why their action or behavior is not accepted at the program and warn the Participant that if the behavior is demonstrated again, they will have to sit out.
2. If the Participant repeats the action or fails to follow rules a second time, they will be placed in time-out.
3. If action(s) is repeated or Participant does not follow rules after the time out, a behavior report will be written and parents/guardians will be notified of their behavior.
4. If behavior continues, the parent/guardian will attend a mandatory meeting with Special Recreation Supervisor or Director of Recreation and the Participant's program staff to discuss the behavior.
5. If behavior continues, the parent/guardian will attend a mandatory meeting with the Director of Recreation and Special Recreation Supervisor to further address the behavior.
6. If inappropriate behavior continues after the meeting, the Participant will be paused from the program.
 - a. The Participant will be allowed back once a behavior plan has been drafted by the Special Recreation Supervisor and approved by the Director of Recreation or the Executive, in the absence of the Director of Recreation.
7. If inappropriate behavior continues, the Participant will be paused from the special recreation program under the direction of the Executive Director.
8. 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 intentional violence toward others, repeated acts of bullying and the intentional 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.

****Veterans Park District Special Recreation Behavior Policy will be given to each guardian/parent***

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 your 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.

3. Refrain from harassing, abusing, bullying or causing physical harm to other participants, spectators, facility guests or staff;
4. Show respect for equipment, supplies and facilities; and
5. Follow all Park District staff directives, ordinances and Park District rules.

III. Discipline

The Park District applies a caring and positive approach in maintaining appropriate behavior at programs and facilities. Therefore, staff will apply a positive approach to discipline. Staff shall periodically review rules with participants, their parents/guardians, spectators and facility guests during the program session. If inappropriate behavior occurs and in order to ensure meaningful and fulfilling programs for all, prompt resolution will be sought specific to each individual situation detailed in the attached Guidelines. The Executive Director and/or the Director of Recreation reserves the right to combine or delete any of the guidelines which, in their sole judgment, are necessary in order to ensure safety and abate any nuisance.

IV. Procedure

Upon registration or entry into the program, the parent/guardian of special recreation students and participants should be consulted to determine what, if any, special accommodations may be needed. For example, if the registration form asks, "Please describe any accommodation needed for the participant's enjoyment of this program," and the parent/guardian indicates, "Positive role models for behavior," or similar response, the parent should be contacted for information about any behavior modification programs in place at school or home. Park District personnel will make reasonable attempts to utilize these accommodations in the program consistent with the financial resources of the Park District and provided that the accommodation does not fundamentally change or alter the program services offered.

**VETERANS PARK DISTRICT
SPECIAL RECREATION BEHAVIOR POLICY**

Veterans Park District strives to provide safe and wholesome programs, parks and facilities for our special recreation participants and guests.

Questions about this policy and the disciplinary procedure should be directed to the Director of Recreation (708) 343-5270.

I. Equal Access

Special recreation participants, facility guests, and spectators shall not be denied equal access to programs, activities, services or benefits, or be limited in exercise of any right, privilege, advantage or opportunity on the basis of disability. Veterans Park District will strive to provide reasonable accommodations provided the accommodations do not fundamentally alter the nature of the program or activity and are within the financial constraints of the Park District.

II. Behavior

Special recreation participants are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to help make Park District programs safe and enjoyable for everyone involved. Additional rules may be developed for particular special recreation programs as deemed necessary by staff and the Executive Director of the Park District. These guidelines shall be applied on a case-by-case basis taking into consideration the circumstances, conditions, and special needs of the participant. Participants, spectators, and facility guests shall:

1. Show respect to all participants, spectators, facility guests and staff. They shall also be expected to take appropriate direction from staff;
2. Refrain from using abusive or foul language;

staff, special recreation staff, parent/guardian, school personnel, and other support professionals. The behavior modification program should be monitored and revised as needed.

Disciplinary action guidelines for program participants, spectators and facility guests:

1. Park District staff should determine, on a case by case basis, the severity of the action and immediately take steps to correct it. These may include:
 - a. A corrective discussion or verbal warning
 - b. Supervised time out from the program. The type of and duration of time-outs may vary according to situation. Time-outs may include:
 - observational – from sidelines of the activity;
 - exclusion – away from group, but within view; and
 - seclusion – time out away from program area with staff member present.
 - c. Physical restraint shall not be used at any time. If there is a significant concern for the safety of participants, spectators or staff, the local police department should be contacted immediately.
2. A written conduct report must be prepared for each incident and should be given to the full-time supervisor within one (1) working day of the incident. Any incident requiring policy intervention must be immediately reported to the Director of Recreation and Executive Director.
3. Upon review of the conduct report, the Director of Recreation or staff member responsible for the program will contact the parent, guardian or individual to discuss the incident. Staff will review the Behavior Guidelines with the parent, guardian or individual at that time.
4. If not already being utilized, a behavior modification program should be developed and implemented. Those involved in this process may include, but not be limited to, Park District

5. Communication between staff and the parent, guardian or participant is essential and should be ongoing. Further incidents of inappropriate behavior shall be properly reported and documented.
6. If inappropriate behavior continues, removal from the program, park or facility may be necessary. Other options may include:
 - a. Transfer to another program, time slot, or group where inappropriate behavior is less likely to occur;
 - b. Limited/reduced time that the participant or individual is allowed to attend the program or visit the park or facility;
 - c. Suspension from program, park or facility for a designated time period;
 - d. Extended or permanent removal from program or facility may be undertaken in extreme circumstances. However, before such action is taken, the Director of Recreation will prepare the appropriate report, documentation and recommendation which will be presented to the Executive Director prior to any program suspension or removal from program or facility. In extreme cases, the Director of Recreation will review these materials with the Park District Attorney and/or the Executive Director prior to final action; and
 - e. No additional charge for staff overtime will be assessed if the participant is detained beyond normal program hours.

7. Appeals by the participant and/or his or her parent/guardian may be directed, in writing, to the Executive Director within ten (10) days of notification of extended or permanent removal from the program. The Recreation Director and the Executive Director of the Park District will jointly consider any appeals and report their decision in writing within (7) days to the parent/guardian and/or participant.

Behavior Policy

The following behaviors or infractions will constitute utilization of the discipline system that follows under Discipline Procedures.

1. Disruptions such as, but not limited to:
 - a. Leaving grounds without permission;
 - b. Leaving designated group without permission;
 - c. Climbing on objects that are not recommended by staff; and
 - d. Repeated verbal outbursts and/or disruption of activity.
 - e. Refusal to participate in scheduled activity.
2. Harming self or others such as, but not limited to:
 - a. Fighting;
 - b. Throwing objects at or near others;
 - c. Hitting, kicking or biting others;
 - d. Extreme verbal abuse;
 - e. Profanity;
 - f. Showing disrespect to other participants and staff and Park District Property;
 - g. Bullying; and
 - h. Other aggressive behaviors.
3. Damage to property:
 - a. Vandalism;
 - b. Tantrums resulting in damage to property; and
 - c. Breaking damaging or destroying property.
4. Theft
 - a. Taking any item of property owned by another.

police department should be notified. Behavior subject to immediate removal or being paused from the program includes, but is not limited to punching, kicking, biting, hitting or other acts of intentional violence toward others, repeated acts of bullying and the intentional 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.

Special Recreation Behavior Policy Staff Response to Specific Violations of Behavior Policy

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3. If action(s) is repeated or Participant does not follow rules after the time out, a behavior report will be written and parents/guardians will be notified of their behavior.
4. If behavior continues, the parent/guardian will attend a mandatory meeting with Special Recreation Supervisor or Director of Recreation and the Participant's program staff to discuss the behavior.
5. If behavior continues, the parent/guardian will attend a mandatory meeting with the Director of Recreation and Special Recreation Supervisor to further address the behavior.
6. If inappropriate behavior continues after the meeting, the Participant will be paused from the program.
 - a. The Participant will be allowed back once a behavior plan has been drafted by the Special Recreation Supervisor and approved by the Director of Recreation or Executive Director, in the absence of the Director of Recreation.
7. If inappropriate behavior continues, the Participant will be paused from the special recreation program at the direction of the Executive Director.
8. 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

Veterans Park District at PAEC Center
AFTER SCHOOL CARE 2017-2018
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: _____

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: _____