Wallace Temple Community Activity Resource Enrichment Site – d/b/a- WTCARES
IRS designated 501 (c)3 community-based organization

2026
EDUCATION ENRICHMENT REGISTRATION PACKET

Education Center/Office
392 Avenue C
Bayonne, New Jersey 07002

Office: 201 437-5214
Email: wtcares@gmail.com
Website:wtcaresbayonne.org

Food Pantry Warehouse/Office
26 West 16th Street
Bayonne, New Jersey 07002

June, 2026

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WELCOME

We are delighted to welcome your family to the WTCARES 2026 Summer Camp.

Our program serves children in kindergarten through 8th grade, providing a safe, nurturing, and enriching environment where every child can learn, grow, and thrive.

This registration parent packet contains the policies, procedures, and required enrollment forms. All forms must be filled out, signed, and returned by Thursday, June 18th.

For your convenience you can review a copy of the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52) online at www.wtcaresbayonne.org or you can request to view a copy at the WTCARES Education Enrichment Center, 392 Avenue C, Bayonne.

INFORMATION TO PARENTS DOCUMENT

New Jersey Department of Children and Families
Office of Licensing

Under provisions of the ***Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)***, every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

*Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf or obtain a copy by sending a check or money order for $5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of

licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at https://childcareexplorer.njccis.com/portal/.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact theUnited States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at https://www.cpsc.gov/Recalls. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the *State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873*. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.

I, parent/guardian_____ (Print Name) of_____(Child[ren]) enrolled at WTCARES Education Enrichment Center _____(List Program), acknowledges receipt of this "Information to Parents" written statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. Also note that a copy of the Manual of Requirements for Child Care Centers is available for your review at WTCARES Education Center, 392 Avenue C, Bayonne, NJ and online at www.wtcaresbayonne.org.

_____ _____

Signature Date

METHODS USED TO COMMUNICATE WITH STAFF AND PARENTS

Parents are welcome to drop in and observe the program at any time. If a consultation with your child(ren) childcare provider and or program Director, please schedule an appointment with our office for the staff member to be able to provide you their undivided attention.

Please complete and sign our Methods of Communication Form to provide us with different means of communication between the parent/guardian and WTCARES.

Parents/guardians who are concerned with the care of their child(ren), or any incidents that took place during our care should speak with the counselor first and if not satisfied then set up a meeting with the Director.

List of Methods the Center will use to communicate with all parents:

WTCARES will use the following Methods of Communication:

- PHONE
- TEXT
- EMAIL
- WEBSITE

Please indicate three best emails and cell phone numbers to reach parents/guardians in case of an emergency:

(1) Name:_____ Relationship:_____

Phone:_____ Email:_____

(2) Name:_____ Relationship:_____

Phone:_____ Email:_____

(3) Name:_____ Relationship:_____

Phone:_____ Email:_____

I authorize the individuals listed above to pick up my child from WTCARES in the event of an emergency or if I cannot be reached.

PARENT/GUARDIAN INITIALS_____

1 Emails should be sent to wtcares@gmail.com. Emails will be answered by designated staff. Emails should not be a primary source of contact in case of an emergency situation (i.e. Child is ill and unable to be a part of the program for the day or child is ill and needs to be picked up for the day.) Emails may be used for questions, concerns, and or reminders to the Director.

2 Staff and parents are encouraged to communicate via our landline telephone. WTCARES Center can be reached at 201-437-5214.

3 Designated staff may send out group text or email messages with questions, concerns, and reminders from the direction of the Director. Only designated staff may use personal cell phones to contact parents.

Information that the Center May Communicate Electronically to Parents:

Before using these methods parents must have signed and returned our, "Policy on the Methods of Parent Notification".

- Illness/Accidents/Injuries
- Request for Records/Supplies
- Behavioral Concerns
- Child's Daily Updates
- Emergency Closures
- Photographs
- Updates or changes
- Unusual Incidents
- Other:

- The Director, Health Program Director, and or designated staff will contact parents and or emergency contacts first. If parents and or emergency contacts cannot be reached via telephone, then we will use all other electronic methods to notify the parent of the Unusual Incident.

By signing this form, you are consenting to receive calls and/or messages from WTCARES regarding all situations that may transpire during out program. This form can be revised by parents/guardians and WTCARES staff at any point during our program.

Please be sure to provide our office with any changes of information to this documentation (ie, telephone number changes, email address changes, etc.) It is very crucial for us to be able to communicate with the parents/guardians regarding the care of their child(ren) throughout the day, when or if necessary.

Name of Parent/Guardian (please print):_____

Signature of Parent/Guardian:_____

Date:_____

USE OF TECHNOLOGY & SOCIAL MEDIA POLICY

WTCARES maintains strict standards for the use of technology, photographs, and social media to protect the privacy, safety, and dignity of all children and families. This policy is required under **N.J.A.C. 3A:52-6.8(k)** and applies to all staff, volunteers, and parents.
WTCARES uses **one** social media platform for communication and community engagement:
Facebook Page: *WTCARES* No other social media platforms are used for program communication.

Authorized Use of Social Media

WTCARES Facebook Page

- The WTCARES Facebook page is used for program updates, announcements, and sharing positive moments from the program.
- Only the Director or designated administrative staff may post content on the WTCARES Facebook page.
- All posts must reflect professionalism, positivity, and respect for children and families.
- Comments from parents are permitted but must follow community standards (see below).

Photo & Video Use

Parent Authorization Required

- WTCARES obtains **written authorization** from parents/guardians before taking or using any photos or videos of children.
- No child's photo may be posted publicly without a signed Photo Release Form.
- Authorization forms are kept in each child's file and reviewed annually.

Approved Purposes for Photos

- Classroom documentation
- Educational displays
- Program newsletters
- Presentations to the Board of Directors
- WTCARES promotional materials (flyers, brochures, etc.)
- The WTCARES Facebook page (with authorization)

Prohibited Photo Practices

- Staff **may not** store children's photos on personal phones or personal cloud accounts.
- Staff **may not** post children's photos or videos on personal social media under any circumstances.
- Staff **may not** share identifying information (names, ages, schedules, classroom assignments).
- Photos may **not** reveal the center's real-time location during off-site trips.

Staff Conduct on Social Media

Professional Boundaries

- Staff may not "friend," follow, or privately message parents/guardians on personal social media accounts.
- Staff may not discuss WTCARES children, families, or internal matters on personal social media.
- Staff may not use social media or personal devices while supervising children.

Confidentiality Requirements

- All online communication must comply with confidentiality laws and WTCARES privacy standards.
- No child records, personal information, or sensitive details may be shared electronically.
- Any breach of confidentiality must be reported immediately to the Director.

Parent Conduct on WTCARES Social Media

Community Standards

Parents and guardians who comment on WTCARES social media must follow these expectations:

- Comments must remain respectful and appropriate.
- No vulgar, abusive, or discriminatory language is permitted.
- No personal attacks or disparaging remarks toward staff, children, or families.
- WTCARES reserves the right to remove comments that violate these standards.

Reporting Violations

Any staff member, parent, or volunteer who becomes aware of a violation of this policy must report it immediately to the Director. Violations may result in disciplinary action, removal of content, or revocation of social media privileges.

PHOTO RELEASE — TERMS OF AGREEMENT

I hereby give permission for my child to be photographed during WTCARES programs. I understand that photos may be used for:

- Classroom documentation
- Program journals
- PowerPoint presentations
- Reports to the Board of Directors
- Promotional materials (flyers, brochures, newspaper)
- The WTCARES website, Facebook or Instagram page

I understand that my child's identity will not be disclosed, I will not receive compensation, and all photos become the property of WTCARES.

Parent Selection

I AGREE with the terms above. Parent/Guardian Initials: _____ Date: _____

I DO NOT AGREE with the terms above. Parent/Guardian Initials: _____ Date:_____

POLICY ON THE RELEASE OF CHILDREN

WTCARES follows the requirements of the NJ Department of Children and Families, Office of Licensing (OOL) regarding the safe release of children.

AUTHORIZED INDIVIDUALS

A child may be released **ONLY** to:

- The child's parent or legal guardian, or
- Individuals authorized in writing by the parent/guardian to pick up the child and assume responsibility in an emergency.

Parents must keep all authorization and emergency contact information **current.**

COURT ORDERS & CUSTODY RESTRICTIONS

If a non-custodial parent has been denied access or granted limited access by **court order**, WTCARES MUST:

- Obtain a copy of the court order
- Keep it on file
- Comply fully with the terms of the order

WTCARES cannot deny a parent access **without legal documentation**.

Failure to Pick Up a Child at Closing Time

If a parent/guardian or authorized person does not pick up a child by closing:

- The child will remain supervised at all times
- Staff will attempt to contact the parent/guardian and all authorized emergency contacts.
- **One hour after closing**, if all attempts to reach an authorized adult have failed and staff cannot continue supervision, WTCARES will contact the **State Central Registry Hotline at 1-877-NJ-ABUSE (1-877-652-2873)** for assistance in caring for the child.

This procedure is required by OOL.

RELEASE TO AN IMPAIRED INDIVIDUAL

If a parent/guardian or authorized person appears **physically or emotionally impaired** such that releasing the child would place the child at risk:

- The child **will not** be released to that individual
- Staff will attempt to contact the other parent or an alternative authorized adult
- If no safe alternative is available, WTCARES will contact the State Central Registry Hotline at 1-877-NJ-ABUSE (1-877-652-**2873**) for assistance.

This includes impairment due to alcohol, drugs, emotional instability, or any condition affecting safe transport.

SCHOOL-AGE CHILDREN

For school-age programs, no child may be released unsupervised **without written permission** from the parent/guardian. This includes walking home, meeting a sibling, or leaving the premises independently.

PARENT ACKNOWLEDGMENT & RESPONSIBILITY

By signing below, you acknowledge that you have read and understand the **WTCARES Release of Child(ren) Policy.**

Parents/guardians agree to:

- Update emergency contacts and authorized pick-up lists whenever changes occur
- Notify WTCARES immediately of any changes in custody or court orders
- Ensure that all individuals picking up the child present **valid photo identification**.

Accurate information is essential for the safety of all children.

Name of Parent/Guardian (Print)_____

Signature of Parent/Guardian:_____ Date:_____

NO SMOKING, VAPING & TOBACCO USE POLICY

WTCARES is committed to providing a safe, healthy, and smoke-free environment for all children, families, and staff. In accordance with N.J.A.C. 3A:52-5.5, smoking and the use of tobacco products are strictly prohibited in all areas of the program.

PROHIBITED ACTIVITIES

Smoking, vaping, and tobacco use are prohibited:

- Inside the center
- Anywhere on WTCARES property, including sidewalks, entrances, and parking areas
- During drop-off and pick-up
- During field trips, community walks, or off-site activities
- In any vehicle used to transport children
- Within view of children at any time

This policy applies to staff, parents, guardians, volunteers, and visitors.

PARENT ACKNOWLEDGMENT – NO SMOKING POLICY

I acknowledge that I have read and understand the WTCARES - No Smoking, Vaping, & Tobacco Use Policy.
I agree to comply with all requirements to ensure a safe and healthy environment for all children.

Parent/Guardian Name (Print):_____

Signature:_____Date:_____

EXPULSION & DISCHARGE POLICY

WTCARES is committed to maintaining a safe, supportive, and inclusive environment for all children. In accordance with the New Jersey Department of Children and Families, Office of Licensing (OOL), WTCARES makes every reasonable effort to **prevent suspension or expulsion** from the program. Discharge is considered a **last resort**, used only when all supportive strategies have been exhausted or when safety cannot be maintained.
This policy complies with **N.J.A.C. 3A:52-6.2(c)** and reflects best practices for child-centered care. WTCARES wants you to know that we will do everything possible to work with the family of the child(ren) to prevent this policy from being enforced.

Commitment to Expulsion Prevention

WTCARES does **not** expel or suspend children for:

- Challenging behaviors
- Disability or developmental delays
- Parent advocacy or complaints
- Cultural or communication differences

Instead, WTCARES partners with families to support the child's success through individualized strategies, documentation, and referrals when appropriate.

Reasons for Discharge

Discharge may occur only when necessary to ensure the safety and well-being of the child, other children, or staff, or when program requirements cannot be met.

A child may be discharged for the following reasons:

- **Safety Concerns:** The child's behavior poses an ongoing, serious risk of harm to themselves or others, despite documented interventions.
- **Non-Participation in Support Plans:** The family does not participate in required meetings, follow-up steps, or recommended support services.
- **Failure to Provide Required Documentation:** Missing medical forms, immunization records, or other state-required documents after repeated requests.
- **Chronic Non-Communication:** WTCARES is unable to reach the parent/guardian for an extended period regarding attendance, emergencies, or behavioral concerns.
- **Repeated Late Pick-Ups:** Ongoing late pick-ups that continue after administrative meetings and written warnings.
- **Non-Payment of Fees:** Failure to pay tuition or fees after reasonable attempts to resolve the balance.

- **Family Withdrawal:** The parent/guardian voluntarily removes the child from the program.
- **Relocation:** The family moves out of the service area or no longer requires care.

Steps Taken Before Discharge

WTCARES follows a structured, supportive process before considering discharge.

Intervention & Support Process

Before discharge is considered, WTCARES will:

- Document behaviors, concerns, or incidents
- Meet with parents/guardians to discuss concerns
- Develop an individualized support plan
- Adjust classroom strategies or routines
- Provide referrals to outside services (with parent consent)
- Monitor progress and maintain communication with the family

WTCARES will make every reasonable effort to support the child's continued enrollment.

Immediate Discharge Situations

In rare cases, immediate discharge may be necessary when:

Immediate Removal May Occur If:

- A child's behavior results in **serious injury** to themselves or others
- A parent or guardian exhibits **threatening, abusive, or unsafe behavior** toward staff, children, or the program
- A court order or legal requirement mandates removal
- The child's needs exceed the program's ability to safely accommodate them, even with interventions

Immediate discharge decisions are made by the Camp Director in consultation with administrative leadership.

Discharge Notification Requirements

Except in emergency situations, WTCARES requires:

Standard Notice Period

- **Two weeks written notice** from parents/guardians when voluntarily withdrawing a child
- WTCARES will provide **written notice** to families when the program initiates discharge

A **Discharge Notification Form** must be completed for all children leaving the program.

Parent Acknowledgment

By signing below, I acknowledge that I have read and understand the **Expulsion & Discharge Policy** and agree to comply with WTCARES procedures.

Parent/Guardian Name (Print): _____

Signature: _____ **Date:** _____

POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

WTCARES follows all reporting and exclusion requirements for communicable diseases under N.J.A.C. 3A:52-7.3

If a communicable disease is suspected or confirmed:

- The child is excluded immediately
- Parents are notified
- OOL and the local health department are contacted when required
- A notice may be sent to all families (without identifying the child)
- The child may return only with medical clearance

Diseases requiring exclusion include, but are not limited to:

- COVID-19
- Influenza
- RSV
- Strep throat
- Chickenpox
- Hand-Foot-Mouth Disease
- Measles
- Mumps
- Whooping cough
- Ringworm
- Impetigo

Universal Precaution & Hygiene

WTCARES uses universal precautions to prevent the spread of illness, including:

Staff follow these required practices:

- Frequent handwashing
- Use of gloves when handling bodily fluids
- Sanitizing toys, surfaces, and equipment
- Safe food handling
- Immediate cleaning of spills or bodily fluids
- Following all OOL hygiene requirements

MEDICATION ADMINISTRATION

WTCARES follows N.J.A.C. 3A:52-7.5 for medication administration.

Medication may only be given when:

- A written Medication Authorization Form is completed
- Medication is in its original container
- Medication is labeled with the child's name and dosage
- Staff trained in medication administration are present

Emergency medications (Epi-Pen, inhaler) must be provided before the child's first day.

Parent Notification

Parents will be notified immediately if:

- A child becomes ill
- A child shows symptoms requiring exclusion
- A communicable disease is identified
- A health-related incident occurs

WTCARES will use the parent's preferred communication method on file.

Documentation Requirements

WTCARES maintains all required health documentation, including:

- Daily attendance and health checks
- Illness logs
- Incident reports
- Medication administration records
- Communicable disease notices
- Doctor's notes and medical clearance

All records are maintained in accordance with OOL standards

Parent Acknowledgment

By signing below, I acknowledge that I have read and understand the Health & Illness Policy and agree to follow all WTCARES health and safety requirements.

Parent/Guardian Name (Print):_____

Signature:_____Date:_____

MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

(AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)

CHILD'S NAME:	DATE OF BIRTH:	GRADE IN SEPTEMBER:

HEALTH STATEMENT (CHECK ONE)

☐ My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations.

☐ My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.

SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS

Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

PARENT/GUARDIAN SIGNATURE:	DATE:

INDIVIDUAL PERMISSION FOR MEDICATION OR HEALTH CARE PROCEDURE

Name of Child:

Child's condition for administering medication:	Name of medication/procedure:
☐ Cold ☐ Sore Throat ☐ Teething ☐ Ear Infection ☐ Rash ☐ Injury ☐ Other:	☐ Prescription: ☐ Non-prescription: ☐ Doctor's approval required:
Amount to be administered: _____ Times to be administered: _____ Dates to be administered: _____ to _____ Refrigeration necessary: ☐ Yes ☑ No	Special instructions: Possible adverse reactions:

I authorize the administration of medication to my child.

Signature of Parent/Guardian: Date:

FOR CENTER USE:

- ☐ Is all of the above information complete?
- ☐ Has the medication been made inaccessible to children?
- ☐ Is the medication in the original container with the prescription label on it?
- ☐ Is the child's name on the container?
- ☐ Is the date of the prescription current?
- ☐ Is the name of the drug/procedure, dose, and schedule on the label the same instructions given by the parent?

Date(s) Administered:	Time(s) Administered:	Adverse Reactions Observed:	Staff Initials:

EMERGENCY CONTACT & CONSENT FORM

In the event of a medical emergency involving my child(ren), I authorize WTCARES staff to:

- Contact Emergency Medical Services (EMS)
- Provide first aid and supportive care
- Share relevant medical information with EMS or medical personnel
- Accompany my child until I arrive
- Transport my child via ambulance if necessary.

In case of an emergency, I (print parent or guardian name)_____ understand by signing this policy my child(ren) will be transport via McCabe ambulance to RWJ Barnabas Health at Bayonne Emergency Room at 519 Broadway in Bayonne, NJ 07002. It will be my responsibility to submit insurance documents to the following places and if any charges incur, I will take full responsibility for all fees and payments to the following places and if any charges incur, I will take full responsibility for all fees and payments to both facilities stated above. I will also provide WTCARES a copy of child(ren) current insurance documents for emergency purposes.

MEDICAL RELEASE & INSURANCE INFORMATION FORM

This form provides WTCARES with essential medical and insurance information to ensure appropriate care and emergency response for your child. All information is confidential and used only for safety and emergency purposes.

INSURANCE INFORMATION

Health Insurance Provider:_____

Policy Number:_____

Name of Policy Holder:_____

Policy Holder Date of Birth: _____/_____/_____

Primary Physician:_____

Physician Telephone:_____

Physician Address:_____

Preferred Hospital (in case of emergency):_____

Medical Conditions & Treatment Information

Please list any medical problems, including those requiring maintenance medication (e.g., diabetes, asthma, seizures):

Medical Problem Required Treatment Should Paramedics Be Called?

_____Yes □ No□

_____Yes □ No□

_____Yes □ No □

Current Treatment Status

Is your child currently being treated for an injury or illness, or taking any medication:

□Yes □ No

If yes, explain:_____

Allergies & Dietary Needs

Food or Medication Allergies? □ Yes □ No

If yes, explain:_____

Special Diet Required? □ Yes □ No

If yes, explain:_____

ADDITIONAL MEDICAL INFORMATION

Please list any additional medical information that may affect your child's care or emergency treatment:

_____

_____

_____

MEDICAL RELEASE AUTHORIZATION

I understand that the purpose of this information is to ensure that medical personnel have all necessary details to provide appropriate care in an emergency. I authorize WTCARES staff To share this information with emergency responders or medical professionals as needed.

PARENT/GUARDIAN SIGNATURE:_____

DATE:_____