

The Episcopal Day School of Evergreen
ACADEMIC SCHOOL YEAR
New Children

Parent Checklist

PLEASE FILL OUT FORMS IN BLACK OR DARK BLUE INK

1. ____ Policies and Procedures - Parent Manual. Read and Understood
2. ____ Emergency Health Care Authorization with Hospital of Choice
3. ____ General Appraisal Form filled in & signed by Health Care Provider
(Top portion of the form filled in and signed by parent/guardian)
4. ____ Immunization Record - (Parent/guardian cannot fill out this form. Have record faxed to 1-303-379-1509 or bring in a copy from Health Care Provider's Office.)
(Please request an Exemption Form for you to fill out and sign if your child is exempted from immunizations.)
5. ____ Statement of Health Status Form
6. ____ Developmental History Form
7. ____ Personal History Form
8. ____ Pick Up Authorization Form
9. ____ Permission to Participate Form for School Year & Summer Program
10. ____ Permission to be Photographed Form
11. ____ Topical Preparations (Moisturizing Lotion/Sunscreen/Diaper Ointment) Form
12. ____ Child Abuse Reporting Form
13. ____ Facebook Release Form
14. ____ Permission to be included in the Directory Form
15. ____ COVID-19 Illness Policy Parent Agreement Signature Form
16. ____ Emergency Treatment Form (if applicable) for any/all of the following:
Allergy, Asthma, Seizures, Other (Please request form)
17. ____ Authorization for Medication Administration in the School Setting (if applicable)
This form is for any prescribed or over the counter medication for a specific reason to be given while your child is at school. (Please request form.)
18. ____ Extended Care Contract (Please request availability and form if not done at registration.)
19. ____ Supplies (from Supply List) Due at Open House or 1st day of Attendance.

If you need to request a form, please call the office at 303-674-9253 or email Jerri Avery, RN, the EDSE Nurse, at jerri@edse.org

Please initial each item and sign below. The State of Colorado requires that all forms be completed *before* your child may attend class/child care.

Signature

Date

The Episcopal Day School of Evergreen

POLICY AND PROCEDURE MANUAL

All parents or guardians of children who are enrolled in The Episcopal Day School of Evergreen must read the school's Policy and Procedure Manual.

The Policy and Procedure Manual can be found on the school's website, www.edse.org. Go to the "Forms/Policies" tab where you can open "Policies & Procedures". A paper copy may also be obtained at the school office.

I understand that updates to the Policies and Procedures may occur at any time and that I will be notified by the email I have provided of any changes.

I have read and understand and agree to abide by the Policy and Procedure Manual set forth by The Episcopal Day School of Evergreen.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

The Episcopal Day School of Evergreen

EMERGENCY HEALTHCARE AUTHORIZATION

Child's Full Name: _____ Birth Date: _____

Mother's Name: _____

Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell Number: _____

Any Other Numbers: _____

Father's Name: _____

Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell Number: _____

Any Other Numbers: _____

Child's Physician: _____ Phone Number: _____

Address: _____

City, State, and Zip: _____

Hospital of Choice: _____ Phone Number: _____

Insurance Name: _____ Ins. Policy Number: _____

Name of Person Financially Responsible: _____

EMERGENCY CARE AUTHORIZATION

In order to protect my child, _____, in case of medical emergency,
(Name of Child)

accident, or sudden illness, I, _____, authorize a representative of
(Parent/Guardian)

the Episcopal Day School of Evergreen program to refer my child to his/her own physician,

(Signature of Parent)

In the event the above mentioned physician cannot be reached, or if time is too critical to attempt to reach me, I request, agree and give approval that my child be transported to the nearest medical facility/hospital of choice. I further authorize the hospital and any attending physicians to perform any and all diagnostic procedures and/or treatments required. In addition, I authorize a representative of the Episcopal Day School of Evergreen to secure any medical transportation necessary. I will assume financial responsibility for the emergency treatment and any medical expenses incurred thereafter.

Parent/Guardian Signature: _____ Date: _____

Parent Clearly Written Name: _____

GENERAL HEALTH APPRAISAL FORM

PARENT

Please complete, date, and SIGN.

Child's Name: _____ Birthdate: _____

Allergies: ☐ None OR ☐ List food/medication: _____

Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-Describe: _____

Skin Care: ☐ Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

Sleep: Your healthcare provider recommends that all infants less than 1 year of age be placed on their back for sleep.

I, _____, give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:

Name: _____ Fax: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

HEALTH CARE PROVIDER

Please complete after parent section has been completed.

Date of most recent health appraisal: _____ Age: _____ Weight: _____

Physical Exam: ☐ Normal ☐ Abnormal-describe: _____

Allergies: ☐ None OR ☐ List food/medication: _____ Type of Reaction _____

Current Medications: ☐ None OR ☐ List: _____

A separate medication authorization form ([link](#)) is required for medications given in school, childcare, or camp.

Current Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-describe: _____

A separate diet statement ([link](#)) is required for food provided at school, childcare, or camp.

Health Concerns: ☐ Severe Allergies ☐ Asthma ☐ Seizures ☐ Diabetes ☐ Hospitalizations ☐ Behavior Concerns

☐ Developmental Delays ☐ Vision ☐ Hearing ☐ Oral Health ☐ Under/Overweight ☐ Other: _____

Explain above concerns (if necessary, include instructions to care providers): _____

Immunizations: ☐ See attached immunization record or official exemption form ☐ Next vaccine due date: _____

HEALTH CARE PROVIDER

Please complete if appropriate. This information is required by Early Head Start and Head Start Programs per the State EPSDT Schedule.

Height: _____ B/P: _____ Head Circumference (up to 12 months): _____ HCT/HGB: _____

Lead Level: ☐ Not at risk OR ☐ Lead level: _____ TB: ☐ Not at risk OR Test Result: ☐ Normal ☐ Abnormal

Screens Performed: ☐ Vision: ☐ Normal ☐ Abnormal ☐ Hearing: ☐ Normal ☐ Abnormal

☐ Oral Health: ☐ Normal ☐ Abnormal Developmental Screen: ☐ ASQ ☐ PEDS ☐ Other: _____

Developmental Concerns: _____ Recommended Follow-up: _____

PROVIDER SIGNATURE

Next Well Visit: ☐ Per AAP Guidelines* or ☐ Age: _____

This child is healthy and may participate in all routine activities in school, childcare, or camp. Any concerns or exceptions are identified on this form.

Signature of Healthcare Provider (certifying form reviewed)

Date

*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

OFFICE STAMP

Or write Name, Address, Phone Number, Email

The form was created by the American Academy of Pediatrics, Colorado Chapter and Healthy Child Care Colorado to satisfy childcare and Head Start requirements in Colorado. While accepted by most schools, childcare programs and camps, this is not an official government form. Updated 01/2021.



Dear parents/guardians of students in Colorado child cares, preschools, and Head Start programs for the 2022-23 school year:

We know you're thinking of all the things you need to do to make sure your student is ready for child care and school. Getting vaccinated is an important part of their school readiness and keeps children from catching and spreading diseases that can make them sick and interfere with in-person learning. We wish you and your student a healthy school year!

Required and recommended vaccines

- Colorado law requires students who attend a licensed child care, preschool, or Head Start program to be vaccinated against many of the diseases that vaccines can prevent, unless a *Certificate of Exemption* is filed. For more information, visit cdphe.colorado.gov/schoolrequiredvaccines. Your student must be vaccinated against:
 - Diphtheria, tetanus and pertussis (DTaP, DTP).
 - Haemophilus influenzae type b (Hib).
 - Hepatitis B (Hep B).
 - Measles, mumps, and rubella (MMR).
 - Polio (IPV).
 - Pneumococcal disease (PCV13).
 - Varicella (chickenpox).
- Colorado follows recommendations set by CDC's Advisory Committee on Immunization Practices. You can view the recommended vaccine schedule for children 0-6 years of age at <https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>.
- Vaccines are recommended for rotavirus, hepatitis A, and influenza but are not required for child care or school entry.

Exclusion from child care and school

- Your student may be excluded from school if your child care or school does not have an up-to-date *Certificate of Immunization*, *Certificate of Exemption*, or in-process plan on file for your student.
- If someone gets sick with a vaccine-preventable disease or there is an outbreak at your student's school and your student has not received the vaccine for that disease, they may be excluded from school activities. That could mean lost learning time for them and lost work and wages for you. For example, if your student has not received a MMR vaccine, they may be excluded from school for 21 days after someone gets sick with measles.

Have questions?

Talk with a health care provider licensed to give vaccines or your local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at <https://www.cdc.gov/vaccines/parents/FAQs.html>, <https://childvaccineco.org/>, ImmunizeForGood.com, and cdphe.colorado.gov/immunization-education.

Paying for vaccinations

If you need help finding free or low-cost vaccines and providers who give them, go to COVax4Kids.org, contact your LPHA, or call the Mile High Family Health Line at 303-692-2229 or 1-800-688-7777 to ask about Medicaid contact information. You can find your LPHA at cdphe.colorado.gov/find-your-local-public-health-agency.

Vaccination records

- Please take your student's updated *Certificate of Immunization* to school every time they receive a vaccine.
- Need to find your student's vaccine record? It may be available from the Colorado Immunization Information System (CIIS). Visit COVaxRecords.org for more information, including directions for how to use the CIIS Public Portal to view and print your student's vaccine record.

Exemptions

- If your student cannot get vaccines because of medical reasons, you must submit a *Certificate of Medical Exemption* to your school, signed by a health care provider licensed to give vaccines. You only need to

submit this certificate once, unless your student's information or school changes. You can get the certificate at cdphe.colorado.gov/vaccine-exemptions.

- If you choose not to have your student vaccinated according to the current recommended schedule, you must submit a *Certificate of Nonmedical Exemption* to your school. Nonmedical exemptions must be submitted at ages 2 months, 4 months, 6 months, 12 months, and 18 months. These recommendations expire when the next vaccines are due or when the child enrolls in kindergarten. There are two ways to file a nonmedical exemption.
 - File the *Certificate of Nonmedical Exemption* WITH a signature from an immunizing provider, OR
 - File the *Certificate of Nonmedical Exemption* received upon the completion of our online education module.

Downloadable certificates and our online education module are available at cdphe.colorado.gov/vaccine-exemptions.

How's your child care or school doing on vaccinations?

Some parents, especially those with students who have weakened immune systems, may want to know which child cares, preschools, and Head Start programs have the highest percent of vaccinated students. Schools must report immunization and exemption numbers (but not student names or birth dates) to the state health department annually. Schools do not control their specific immunization and exemption rates or establish the Vaccinated Children Standard described in §25-4-911, CRS. Schools must include their MMR immunization and exemption rates from the most recently completed school year in this letter. Schools may choose to also include immunization and exemption rates for other school-required vaccines. Additional immunization and exemption rates can be found at COVaxRates.org.

Child Care/Preschool/Head Start Name	2020-2021 MMR Immunization Rate REQUIRED IN LETTER	2020-2021 MMR Exemption Rate REQUIRED IN LETTER
<i>Schools may also include the rates for the school-required vaccines shown below in this annual letter to parents/guardians</i>		
Vaccinated Children Standard 95% Immunization Rate for All School-Required Vaccines	2020-2021 DTaP Immunization Rate	2020-2021 DTaP Exemption Rate
	2020-2021 Hib Immunization Rate	2020-2021 Hib Exemption Rate
	2020-2021 HepB Immunization Rate	2020-2021 HepB Exemption Rate
	2020-2021 IPV Immunization Rate	2020-2021 IPV Exemption Rate
	2020-2021 PCV13 Immunization Rate	2020-2021 PCV13 Exemption Rate
	2020-2021 Varicella Immunization Rate	2020-2021 Varicella Exemption Rate



Child Care Immunization Chart

Vaccines Required for Child Care, Preschool & K-Entry 2022-2023

1. This chart is a "guide" for childcare providers to determine which vaccines children are required to have in order to be in compliance with state immunization requirements. Select the appropriate age range for the student from the left hand column. The number of required doses is located in each of the columns and vaccines are listed across the top of the page. Review the student's immunization record with this chart to make sure they have at least the number of doses required. The Colorado Board of Health has accepted the Advisory Committee on Immunization Practices (ACIP) schedule for those immunizations already "required" for attendance. Vaccines that are not required but recommended include: Rotavirus, Hepatitis A and Influenza vaccines.
2. Please follow the ACIP Immunization Schedule, Table 1, Table 2 and Notes, for specific guidance at: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>.
3. If the student does not have the minimum number of doses, the parent/guardian is to be directly notified (in person, by phone, or by mail) that their child does not have the required minimum number of vaccine doses. Within 14 days of direct notification from the child care, the parent/guardian is to obtain the required vaccine(s). Parents are to provide a written plan for remaining vaccines following the ACIP Immunization Schedule.
4. Colorado law allows for a Certificate of Medical Exemption to be signed by a healthcare provider and submitted once, unless the student's information or school changes. A Certificate of Nonmedical Exemption is to be submitted by a parent/guardian who chooses to exempt at 2 months, 4 months, 6 months, 12 months and 18 months of age. Parents and schools can access medical and nonmedical exemption guidance at www.colorado.gov/vaccineexemption.

Age of Child	# of required doses DTaP <i>Diphtheria, Tetanus and Pertussis</i>	# of required doses IPV <i>Polio</i>	# of required doses MMR <i>Measles, Mumps and Rubella</i>	# of required doses Hib <i>Haemophilus influenzae type b</i>	# of required doses Hep B <i>Hepatitis B</i>	# of required doses Varicella <i>Chickenpox</i>	# of required doses PCV13 <i>Pneumococcal Disease</i>
By 1 mo.	-	-	-	-	1	-	-
By 3 mos.	1	1	-	1	2	-	1~
By 5 mos.	2	2	-	2	2	-	2~
By 7 mos.	3	2	-	3/2♥	2	-	3/2~
By 16 mos.	3	2	1+	4/3/2/1♥	2	1*	4/3/2~
By 19 mos.	4	3	1	4/3/2/1♥	3	1	4/3/2~
By 2 years	4	3	1	4/3/2/1♥	3	1	4/3/2/1~
By K Entry	5/4♦	4/3♣	2		3	2	-

- ♦ Five doses of DTaP vaccines are required at school entry in Colorado unless the 4th dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 4 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 4 months between dose 3 and dose 4, and at least 6 months between dose 4 and dose 5. The final dose must be given no sooner than 4 years of age (dose 4 may be given at 12 months of age provided there is at least 4 months between dose 3 and dose 4).
- ♣ Four doses of Polio vaccine are required at school entry in Colorado. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, and at least 6 months between dose 3 and dose 4. The final dose must be given no earlier than 4 years of age. A 4th dose is not required if the 3rd dose was administered at age 4 years or older and at least 6 months after the 2nd dose.
- +
- ♥ The first dose of MMR vaccine given more than 4 days before the 1st birthday is not a valid dose and cannot be accepted. ACIP recommends that the 1st dose of MMR be given between 12 -15 months of age. The student is out of compliance if there is no record of MMR at 16 months of age.
- ♥ The number of Hib doses required depends on the child's current age and the age when the Hib vaccine was administered. If any dose is given at or over 15 months, the Hib requirement is met. For children who begin the series before 12 months, 3 doses are required, of which at least 1 dose must be administered at, or over, 12 months. If the 1st dose was given at 12 to 14 months, 2 doses are required. If the student's current age is 5 years or older, no new or additional doses are required. The number of doses and the intervals may vary depending on the type of Hib vaccine.
- The Hepatitis B vaccine is the only immunization that can be given as a birth dose. The 2nd dose to be given by 3 mos of age & the 3rd dose is to be given by 19 months of age. Minimum intervals between doses must be followed if a student is on a catch-up schedule: at least 4 weeks between dose 1 and 2, 8 weeks between dose 2 and 3 and 16 weeks between dose 1 and 3. The final dose must be given no earlier than 24 weeks of age. 4 doses of Hepatitis B vaccine are permitted when a combination vaccine is used.
- * If a child has had chickenpox disease and it is documented by a healthcare provider, that child has met the Varicella requirement. Varicella given more than 4 days before the 1st birthday is not a valid dose and cannot be accepted. ACIP recommends a 1st dose between 12 – 15 months. The student is out of compliance if the 1st dose is not given by 16 months of age.
- ~ The number of doses of PCV13 depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered between 2 to 6 months of age, the student will receive 3 doses (2, 4 & 6 months of age) at least 4 -8 weeks apart, and a booster dose between 12 – 15 months, at least 8 weeks after the last dose. If started between 7 to 11 months of age, the student will receive 2 doses, at least 8 weeks apart, and a booster dose between 12 to 15 months of age. If the 1st dose was given between 12 to 23 months of age, 2 doses, at least 8 weeks apart, are required. Any dose given at 24 months through 4 years of age, the PCV vaccine requirement is met. No doses are required once the student turns 5 years of age.

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



COLORADO

Department of Public
Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____

Date of birth: _____

Parent/guardian: _____

Required Vaccines

Immunization date(s) MM/DD/YY

Titer Date*
MM/DD/YY

Hep B Hepatitis B									
DTaP Diphtheria, Tetanus, Pertussis (pediatric)									
Tdap Tetanus, Diphtheria, Pertussis									
Td Tetanus, Diphtheria									
Hib <i>Haemophilus influenzae</i> type b									
IPV/OPV Polio									
PCV Pneumococcal Conjugate									
MMR Measles, Mumps, Rubella									
Measles									
Mumps									
Rubella									
Varicella Chickenpox									

Varicella - date of disease		Varicella - positive screen date	
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*A positive laboratory titer report must be provided to the school to document immunity.

*The shaded area under "Titer Date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Recommended Vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus									
Rota Rotavirus									
MCV4/MPSV4 Meningococcal									
Men B Meningococcal									
Hep A Hepatitis A									
Flu Influenza									
COVID-19									
Other									

Health care provider Signature or Stamp: _____

Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____

Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

The Episcopal Day School of Evergreen

STATEMENT OF HEALTH

Child's Name: _____ Sex: _____ Date of Birth: _____

Past Illnesses: Check only those that your child has had and give approximate dates of diagnosis:

Chicken Pox:	Mumps:	Diabetes:
Rheumatic Fever:	Rubella:	Asthma:
Whooping Cough:	Polio:	Severe Allergy:
Measles:	Epilepsy:	Other:

Comments: _____

Surgery / Accidents / Chronic Health Problems: _____

Describe any physical condition requiring the facilities special attention: _____

Medication(s) prescribed _____

Over the Counter Medications Regularly Given: _____

Allergies: _____ Routine for Allergies: _____

If Tuberculin test given: Date: _____ Results: _____

If chest x-ray taken: Date: _____ Results: _____

Vision: _____ Hearing: _____

Dentist: _____ Phone Number: _____

Dentist Address: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship to Child: _____

Address: _____

Name: _____ Phone: _____ Relationship to Child: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

The Episcopal Day School of Evergreen

DEVELOPMENTAL HISTORY

Child's Name: _____ Date of Birth: _____

Age at which: _____

Crept on hands and knees _____	Sat alone _____
Walked unassisted _____	Named simple objects _____
Repeated Short sentences _____	Slept through night _____
Began toilet training _____	Toilet trained _____
Does child dress self? _____	Right of left handed? _____

Any speech concerns? _____

Are there any eating problems or dietary restrictions? _____

Nervous symptoms or habits? _____

Are there any developmental concerns? _____

What time does your child go to bed at night? _____

What time does your child wake in the morning? _____

Describe any special characteristics or needs to sleep (story, favorite blanket, etc.) _____

Signature of Parent/Guardian _____ Date _____

The Episcopal School of Evergreen

PERSONAL HISTORY

Child's Name: _____ Date: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Home Address: _____

Mother's Employer's Name: _____ Job Title: _____

Work Phone: _____

Mother's Employer's Address: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Home Address: _____

Father's Employer's Name: _____ Job Title: _____

Work Phone: _____

Father's Employer's Address: _____

Parent's Marital Status: Married _____ Separated _____ Divorced _____ Single _____

Name of Stepmother: _____

Name of Stepfather: _____

Custody/Visiting Arrangements: _____

If child is adopted:

Age at Adoption: _____ Does child know he/she is adopted? _____

Brothers and sisters of child:

Name _____	DOB _____	Grade in School _____
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Name _____	DOB _____	Grade in School _____
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Name _____	DOB _____	Grade in School _____
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Name _____	DOB _____	Grade in School _____
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Name _____	DOB _____	Grade in School _____
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Name _____	DOB _____	Grade in School _____
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Other permanent members of household (including relationship and age)

Name _____	Relationship _____	Age _____
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Name _____	Relationship _____	Age _____
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Parent/Guardian Signature: _____ Date _____

The Episcopal Day School of Evergreen

PICK UP AUTHORIZATION FORM

Child's Name: _____

Class: _____ (filled in by office)

Home Phone: _____

Mother's Name: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____

Cell Phone: _____ Work Phone: _____

The following people have my/our permission to pick up my/our child from EDSE in the event that I/we cannot be reached. (Request another form for more names & numbers)

1. Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Address: _____

2. Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Address: _____

3. Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Address: _____

Parent/Guardian Signature: _____

Date: _____

THE EPISCOPAL DAY SCHOOL OF EVERGREEN

2022 - 2023 SCHOOL YEAR and 2023 SUMMER PROGRAM (If attending)

PERMISSION TO PARTICIPATE

My child _____ has permission to participate in the age appropriate activities that are planned for the Episcopal Day School of Evergreen's 2022-2023 school year and 2023 Summer Program.

Activities will take place on the campus of the Episcopal Church of the Transfiguration and not only meet, but exceed all state licensing requirements. As always, all children will be closely supervised by our teaching staff.

Bounce House (If COVID-19 Rules are relaxed)

Water Play

Hiking

Baby Buggy Rides

Slip and Slide

Walks

Parents Signature _____

Date _____

The Episcopal Day School of Evergreen

PERMISSION TO BE PHOTOGRAPHED

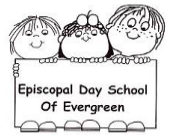
I hereby grant permission for my child, _____, to be photographed, videotaped or recorded under circumstances which include, but are not limited to the following:

- Special events in the child's honor such as birthdays.
- Photographs to be taken expressly to be given to the parent/guardian.
- Photographs to be used in the classroom for the purpose of craft items, picture frames, ornaments, etc.

Parent/Guardian Signature _____

Date _____

TOPICAL PREPARATIONS (PREVENTATIVE) PERMISSION FORM



Child's Name _____

Parent/Guardian's Name _____

SUNSCREEN

I give my permission for the staff at the Episcopal Day School of Evergreen (EDSE) to assist with applying or apply sunscreen to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs, and feet. Apply 30 minutes before outdoor activities and after water activities. It is my responsibility to provide sunscreen with a minimum SPF of 15. I understand I must provide sunscreen, within its expiration date, and in its original container labeled with my child's name. It is my responsibility to check the ingredients of this product to be used at EDSE to ensure my child is not allergic to it. Sunscreen will not be applied to any child with broken skin, or if a skin reaction has been observed, or for any child under 6 months of age (without a written doctor's order). Any skin reaction observed by the staff will be reported promptly to the parent/guardian.

Name of Sunscreen that I am supplying to EDSE to be used on my child: _____

Special Instructions: _____

Sometimes sunscreen is available for use other than what the parent/guardian supplies.

_____ My child **MAY NOT** use any sunscreen other than the one that I am providing.

Parent/Guardian Signature: _____

MOISTURIZING LOTION/CREAM/BALM

I give my permission for the staff at the Episcopal Day School of Evergreen (EDSE) to assist with applying or apply lotion/cream/balm to my child. I understand I must provide lotion/cream/balm, within its expiration date, and in its original container labeled with my child's name. It is my responsibility to check the ingredients of this product to be used at EDSE to ensure my child is not allergic to it. Lotion/cream/balm will not be applied for any child with broken skin, or if a skin reaction has been observed. Any skin reaction observed by the staff will be reported promptly to the parent/guardian.

Name of lotion/cream/balm that I am supplying to EDSE to be used on my child: _____

Special Instructions: _____

Sometimes lotion/cream/balm is available for use other than what a parent/guardian supplies.

_____ My child **MAY NOT** use any lotion/cream/balm other than the one that I am providing.

Parent/Guardian Signature: _____

DIAPER OINTMENT/CREAM

I give my permission for the staff at the Episcopal Day School of Evergreen (EDSE) to apply diaper rash ointment/cream to my child. I understand I may only provide diaper rash ointment/cream that is free of antibiotic, antifungal, or anti-inflammatory components without a written prescription from my doctor. I understand I must provide the ointment/cream, within its expiration date, and in its original container labeled with my child's name. It is my responsibility to check the ingredients of this product to be used at EDSE to ensure my child is not allergic to it. The diaper ointment/cream will not be applied for any child with broken skin, or if a skin reaction has been observed. Any skin reaction observed by the staff will be reported promptly to the parent/guardian.

Name of diaper ointment/cream that I am supplying to EDSE to be used on my child: _____

Special Instructions: _____

Sometimes diaper ointment/cream is available for use other than what the parent/guardian provides.

_____ My child **MAY NOT** use any diaper ointment/cream other than the one that I am providing.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____ Date: _____

The Episcopal Day School of Evergreen

CHILD ABUSE REPORTING

Under the Child Protection Act of 1987 (C.R.S. 19-3-301) in the Colorado's Children's Code, childcare center workers are required to report suspected child abuse or neglect. The law states that if a child care worker has "reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report or cause a report to be made of such fact to the county department or local law enforcement agency."

As a parent you will be notified if a report has been made.

I have read and understand the above requirements concerning child abuse reporting. I understand that I will be notified after the report has been made.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____



The Episcopal Day School of Evergreen

Facebook Participation Authorization

The Episcopal Day School of Evergreen has a Facebook page that we would like to use to promote our school and to let you share your child's school experiences with friends and family.

We would like permission to post photos of the students on the Facebook page, with NO TAGGING.

There will be no names attached to the photos to ensure all the children's security.

_____ Yes, I give permission for EDSE to post pictures of my child,
_____, to its Facebook page with no tag.

_____ No, I do not give permission for EDSE to post pictures of my child,
_____, to its Facebook page with no tag.

Signature of parent/guardian

Print Name

Date



The Episcopal Day School of Evergreen

Directory Authorization Form

The Episcopal Day School of Evergreen will be printing a School Directory that we would like to distribute to all staff and enrolled families. This will help you get to know other families, communicate with each other regarding school events, carpooling, birthday parties, playdates, etc.

We would like permission to print your child's name, parent phone numbers and parent email addresses.

_____ Yes, I give permission for EDSE to list my child and to print the contact information for the people provided below:

Child's Name: _____

Mother's Name That You Go By: _____

Mother's Phone & Email: _____

Father's Name That You Go By: _____

Father's Phone & Email: _____

_____ No, I do not give permission for my child _____, to be listed or for my contact information to be listed in the school directory.

Signature of parent/guardian

Print Name

Date: _____

EDSE TEMPORARY ILLNESS POLICY DURING THE COVID-19 PANDEMIC

“COVID-19 Illness Policy”

PLEASE KEEP THIS COPY FOR YOUR REFERENCE

Return only the Agreement Signature page

DEFINITIONS:

UP TO DATE and FULLY VACINATED:

A person is considered fully vaccinated two weeks after receiving all recommended doses in their primary series of COVID-19 vaccine. Being fully vaccinated does not grant that those exposed to COVID-19 do not have to quarantine. A person must be Up-To-Date for that privilege.

Up to date means a person has received all recommended doses in their primary series of COVID-19 vaccine, and a booster dose when eligible. Only those who are up to date with the COVID-19 vaccine do not have to quarantine if they are exposed to someone with a positive case of COVID-19.

For EDSE children who had the Pfizer COVID-19 vaccine:

For children who started the Pfizer vaccine series before they were 5 years old, they are considered up to date two weeks after their 3rd dose. The 2nd dose should be administered at least 3 weeks after the 1st dose and the 3rd dose should be administered at least 8 weeks after the 2nd dose.

For children who started the Pfizer vaccine series when they were 5 years or older, they are considered up to date two weeks after their 2nd dose. The 2nd dose should be administered at least 3 weeks after the 1st dose.

For EDSE children who had the Moderna COVID-19 vaccine:

They are Up-To-Date if it has been 2 weeks after they have received the 2nd dose of the Moderna vaccine. The 2nd dose of the vaccine should be administered at least 4 weeks after the first vaccine.

For EDSE staff: They are Up-To-Date immediately after they have received their booster dose. If not yet eligible for the booster dose, they are considered Up-To-Date 2 weeks after the final dose in the Primary series of the specific vaccine they received until the time when they are eligible for the booster dose. Booster doses are due 5 months after the final dose of the primary series of the Pfizer or Moderna vaccines and 2 months after the Johnson and Johnson vaccine.

SYMPTOMS OF COVID-19:

*Fever or chills, *Cough, *Shortness of breath or difficulty breathing, *Fatigue, *Muscle or body aches, *Headache, *New loss of taste or smell, *Sore throat, *Congestion or runny nose, *Nausea or vomiting, *Diarrhea

Symptoms of COVID-19 that requires immediate emergency care: *Trouble breathing, *Persistent pain or pressure in the chest, *New confusion, *Inability to wake or stay awake, *Pale, gray, or blue-colored skin, lips, or nail beds

CONFIRMED CASE OF COVID-19: This means a person who has tested positive for Covid-19 or any of its variants whether or not the person has symptoms. The result can be from either a PCR or a Rapid Antigen test.

CLOSE CONTACT or EXPOSURE:

WHILE AT EDSE:

A child or staff member who is in a class with someone who tests positive for COVID-19 or who has been within 6 feet for a combined total of 15 minutes or more over a 24 hour period while the person is contagious.

AWAY FROM EDSE:

1. A child or staff member who lives with a person who has a positive case of COVID-19.
2. A child or staff member who has been exposed to a person with a positive case of COVID-19 or any of its variants within 6 feet for a combined total of 15 minutes or more over a 24 hour period while the person is contagious.

ISOLATION: This is for a person who has tested positive for COVID-19 or is waiting for their test results while they are ill with COVID-19 symptoms. They must stay home and away from others during the time they are in isolation. They should wear a mask, if able, when around other family members. The safest isolation period of time is 10 days for those who have mild to moderate or no COVID-19 symptoms. The period of isolation may be shortened if certain conditions are met.

QUARANTINE: This is for a person who has been exposed to a person with a positive case of COVID-19 while that person is contagious or for a person who is having COVID-19 symptoms but have yet to be tested. They must stay at home and away from others while they see if they contract COVID-19. They should wear a mask, if able, when around others and family members. If the quarantine is due to being exposed to a person with a positive case of COVID-19, the current quarantine period of time is 10 days from the last day of exposure. However the 10 day quarantine may be shortened if certain conditions are met which is stated later in this document.

COVID-19 TESTS:

A PCR /Molecular test is currently the most accurate type of COVID-19 test and is the preferred type of test that EDSE accepts with a negative result if we have asked for a test to be done for a child or staff who is ill with COVID-19 symptoms or has been exposed to a person with a positive case of COVID-19.

A Rapid or At Home Antigen Test: Though less accurate, EDSE will now accept these tests due to less testing sites for PCR tests and the expense of the PCR test for those who are uninsured. It is the only test that should be used to shorten isolation as PCR tests are more sensitive and may show positive results when the person is no longer contagious.

A **PROPERLY WORN MASK** is a CLEAN mask that fits well over both the nose and mouth and is not constantly being adjusted.

Any child or staff member that tests for COVID-19 using a Rapid at home test must take a photo of the test, making sure the photo has a time/date stamp for proof and the name of the person should be printed on the test. This is because 1) if positive, it is important to know the date of the positive test to determine isolation time and 2) if there is proof a person has had COVID-19, that person does not need to quarantine if exposed to COVID-19 for 90 days after they had COVID-19 and 3) if negative, it provides proof by date that the person does not have COVID-19 so that person may be allowed to return to EDSE.

Positive home tests should be reported to the Department of Public Health and Environment (CDPHE).

For the safety of the children and staff, proof of COVID-19 vaccination and or proof of a positive COVID-19 test must be provided to EDSE for our records so the correct procedures are followed.

CHILD CARE ILLNESS POLICIES DIFFER FROM K – 12 SCHOOL ILLNESS POLICIES. These differences are because 1) most children in childcare are not vaccinated against COVID-19, 2) children in childcare do not stay seated at desks but move around all over the classroom, 3) children in childcare shout and sing out more than children in school, increasing the distance the airborne droplets may spread, 4) children in childcare tend to be closer physically while playing, working, eating, and just moving about (they do not understand or at least have trouble following social distancing) and, 5) most children in childcare either are too young to wear masks or are not able to wear masks properly.

YOU ARE REQUIRED TO INFORM US IF ANYONE IN YOUR HOUSEHOLD IS POSITIVE FOR COVID-19.

You are also required to inform us if your child (or if the staff member) has been in close contact with anyone who has a positive case of COVID-19 or was in close contact with a person two days before that person developed symptoms of or tested positive for COVID-19.

EDSE STATEMENT OF RISK: We urge everyone to follow best practices according to Jefferson County Public Health (JCPH) and the Colorado Department of Public Health and Environment (CDPHE) to prevent the spread of COVID-19. Because we cannot control what others may do away from EDSE or how well they assess their own health or the health of their child and follow the EDSE Temporary Illness Policy, you and/or your child has an increased chance of exposure to COVID-19, its variants, and any contagious disease.

WHAT HAPPENS IF A CHILD OR STAFF MEMBER DEVELOPS SYMPTOMS OF COVID-19?

Any child or staff member who develop symptoms of covid-19 are required to inform EDSE even if the person is fully vaccinated or has had COVID-19 within the last 90 days. Certain symptoms by themselves may not require a COVID-19 test depending on the amount of COVID-19 cases in the community. The school nurse will inform you if your child or staff must take a COVID-19 test in that situation.

Please remember that certain symptoms, no matter or not if they are COVID-19 related, require a person to stay home for either 24 to 48 hours or more which has always been part of the regular Illness Policy. Those symptoms are fevers, vomiting, diarrhea, uncontrolled and/or near constant coughing, strep throat less than 24 hours treated with antibiotics, uncovered open sores/rashes to the skin, open sores in the mouth when drooling or mouthing items is present, lice or scabies, Hepatitis A, and vaccine preventable diseases. Other symptoms or diseases may exclude participation at EDSE if the child/staff cannot keep up or does not feel good enough to keep up with class and outdoor activities or requires enough extra care that the teacher or other staff cannot safely watch other children in the class.

For those who are up to date with their COVID-19 vaccines or those who have proof of having COVID-19 within the previous 90 days: They can continue to attend EDSE as long as they feel well enough to fully participate in class and outdoor activities if: 1) they get a COVID-19 test and 2) properly wear a mask at all times except when eating or taking a nap. If the test result is negative, they can discontinue wearing a mask. If the test is positive, they must isolate, inform the EDSE nurse and follow isolation procedures.

For those who are NOT up to date with their COVID-19 vaccines, have not been vaccinated for COVID-19, or has no had COVID-19 within the last 90 days: They must stay at home and isolate until they have provided us proof that they have been tested for COVID-19. If the test result is negative, they may return to EDSE as long as they feel well enough to fully participate in class & outdoor activities and after providing us with proof of the negative test result. Proof can be 1) a copy of an official test result or 2) a photo of the home test result with name and date on the test or name and date on a piece of paper next to the test result. The photo should have a date stamp. If you take your child to your Health Care Provider, which is advised whenever a child is ill, please tell the Provider that your child's child care center requires a COVID-19 test.

We can also accept an Alternate Diagnosis from your Health Care Provider. However, that note from the Provider must meet certain criteria. You may need to inform the Provider that EDSE does not follow the less stringent school policies that do not require testing to return to school. The Alternate Diagnosis note must state the reason or symptoms for which the child/staff was examined. It must state a diagnosis other than COVID-19. If the diagnosis is for the flu or a cold, proof must be given that it is not COVID-19 (negative COVID test or positive test for something else). It must state *when* the child/staff may return to EDSE. We will not accept a simple "Return to School" note without the information stated above in this paragraph. Please remember we are a private child care/day school facility and are not part of the public school system. We can and do require testing for COVID-19 symptoms without an alternative diagnosis or to shorten either isolation or quarantine.

Children or staff who are not tested or do not obtain an alternate diagnosis, must remain in quarantine for 10 days from when symptoms started. The illness will be treated as a probable case of COVID-19. Day 0 is the first day symptoms started and day 1 is the following day. The return to EDSE would be on day 11 as long as the child or staff is well and is fever free for at least 24 hours prior to returning without the use of fever reducing medications.

WHAT HAPPENS IF A CHILD OR STAFF MEMBER TESTS POSITIVE FOR COVID-19?

If a child or staff member tests positive for COVID-19, it must be reported as soon as possible to the EDSE School Nurse. The School Nurse is required to determine if classmates or staff have been exposed. If there has been a classroom exposure, the class will need to be put in quarantine quickly to prevent an outbreak at EDSE.

The child or staff who tested positive for COVID-19 must isolate to prevent spreading the virus. Normal isolation is for 10 days, but currently that length of time might be able to be shortened if certain criteria are met. Day 0 is either the day the original positive test was taken if the positive person does not have symptoms of COVID-19 or Day 0 is the first day that symptoms started if the positive person has symptoms of COVID-19. At the end of the 5th day of isolation, if the child/staff is well or much better and has been fever free for at least 24 hours without the use of fever reducing medications, the child/staff may take a **Rapid Antigen or Home test**. A PCR test is too sensitive to be used at that time and will probably detect the virus even when the person is no longer contagious. PLEASE FOLLOW DIRECTIONS CORRECTLY IF TAKING THE TEST AT HOME. There are many test out there and most of them have different instructions. If the result is positive, the person with COVID-19 will continue to stay in isolation. They can test again each day through Day 8. If still positive on Day 8, they should not take any more tests. After Day 10, if well or much better and are fever free, isolation is no longer required. If the test is negative (on Day 5 or after), then the child/staff may return to EDSE. However, the person MUST properly wear a mask AT ALL TIMES except when eating or napping for the remaining days through "Day 10". When eating or napping, the person must social distance to the best of the ability of the size of the classroom.

WHAT HAPPENS IF A CHILD OR STAFF MEMBER IS EXPOSED OR IS A CLOSE CONTACT OF A PERSON WITH COVID-19?

For those who are up to date with their COVID-19 vaccines:

Quarantine is not necessary but the exposed person must wear a mask for 10 days *from the last date of close contact*. That person *should* get tested on the 5th day after the last day of exposure*. If the test is negative, continue on with wearing the mask for the rest of the 10 days. If it is positive, the person must go into isolation and follow those procedures.

For those who have proof of having COVID-19 within the last 90 days:

Quarantine is not necessary but the exposed person must wear a mask for 10 days from the last date of close contact. Testing is not required unless the person develops symptoms of COVID-19 during the 10 days after the last day of exposure. If the test is negative, continue on with wearing the mask for the rest of the 10 days. If it is positive, the person must go into isolation and follow those procedures.

For those who are NOT UP TO DATE with their COVID-19 vaccines, have not been vaccinated for COVID-19, or has not had COVID-19 within the last 90 days:

That person must stay home and quarantine. The CDC has changed quarantine from 14 days to 10 days. 10 days is what EDSE requires if the person does not qualify for a shortened quarantine. If a person hopes for a shorter quarantine time they must monitor their health while in quarantine.. If the test is positive, the person must go into isolation and follow the isolation procedures. If no symptoms start occurring before day 5 after the last day of exposure*, that person must take a COVID-19 test. If the test is positive, they must isolate and follow the isolation procedures. If the test is negative, after supplying proof of the negative test to EDSE, they may return to class but should properly wear a mask AT ALL TIMES except when eating or taking a nap for the remaining 10 days of quarantine. When eating or napping, the person must social distance to the best of the ability of the size of the classroom. If the person who was exposed should start having symptoms of COVID-19 at any time during the normal 10 day quarantine time, they should take a COVID-19 test right away. This is true even if they previously had a negative test and had returned to attending EDSE.

*Calculating the days of Quarantine:

Day 0 is the last day of exposure or close contact to a person with COVID-19. What does “the last day of exposure” mean? That is easy if there was only one time an exposure happened. But if perhaps you were with a person all weekend (Saturday & Sunday) who ended up having COVID-19, then the last day of exposure would be Sunday. Sunday would be “Day 0”. If you live with a person who has COVID-19, the last day of exposure is harder to determine. The last day of exposure would be the last day the positive person in the household was in isolation – supposedly the last day the person was contagious - if they were following current CDC guidelines. The EDSE School Nurse would make that determination with the assistance of the family.

IMPORTANT: Shortened isolation or quarantine cannot be done if the child is under two years old or cannot properly wear a mask at all times (except during naps or while eating).

FREQUENT POINTS WE ADDRESS:

A child or staff with **continuous or near continuous coughing**, even if negative for COVID-19, should not be attending EDSE if it prevents the child or staff member from regular activities. That person should be seen by their Health Care Provider as well as get plenty of rest and fluids until their cough is better and they can fully participate in class activities.

EDSE must be notified as soon as possible if any child or staff member is absent on a day they are scheduled to attend. This is a requirement of the regular Illness Policy as well as this temporary Covid-19 Illness Policy. It is a State requirement that ALL illnesses must be tracked in case an outbreak is suspected. Outbreaks of any illness must be reported to Jefferson County Public Health (JCPH) or CDPHE. If notification of the reason of absence is not given, the child/staff member may be denied attendance until a determination for the absence is obtained.

REMEMBER, always provide us with any COVID-19 test results as soon as possible, especially if the test is positive so we can do everything possible to prevent an outbreak which closes classes but could possibly close the school.

EDSE TEMPORARY ILLNESS POLICY DURING THE COVID-19 PANDEMIC AGREEMENT
"COVID-19 Illness Policy"

I have received and read the Temporary Illness Policy during the COVID-19 Pandemic which was revised in July 2022, and agree to follow the policy. I understand if I do not follow the policy, my child may not be able to attend EDSE and no compensation will be given for the period of time not attended.

(Name of Child)

(Parent Signature)

(Date)

(EDSE Nurse Signature)

(Date)

The Episcopal Day School of Evergreen

SUPPLY LIST

2022-2023

5 Containers of Baby Wipes

12 Rolls of Paper Towels (select-a-size preferably)

2 Large Glue Sticks

2 Boxes of Kleenex

1 50 oz. Hand Soap Refill – CANNOT BE ANTIBACTERIAL

1 box non-latex medical-type gloves, medium

If you child's last name begins with letters A – L,

- **1 Box of Trash Bags (13 gallon) 80-100 count**
- **1 Box of Washable Markers**

If your child's last name begins with letters M – Z,

- **1 Box Gallon size Zip Lock Bags**
- **1 - 4 count multicolor Dry Eraser Markers**

Please write your name on the container (bag/box) you bring the supplies in.

Supplies are due at either Open House on Thursday, August 18th from 10:00AM to 11:00 AM or on your child's first day of attendance.

Please refer to our Policies and Procedures for items that will need to be brought each day (lunch, drinking cup, etc...).