

The Episcopal Day School of Evergreen
SUMMER CAMP
New Children Only

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
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. _____ Emergency Treatment Form (if applicable) for any/all of the following:
Allergy, Asthma, Seizures, Other (Please request form)
15. _____ Authorization for Medication Administration in the School Setting (if applicable)
This form is for any prescribed or over the counter medication to be given while your child is at school. (Please request form.)
16. _____ Extended Care Contract (Please request availability and form.)
17. _____ Supplies (from Supply List)

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 2021-22 school year:

We know you're thinking of all the things you need to do to make sure your student is ready for school. Getting vaccinated is an important part of their school readiness and keeps children from catching and spreading diseases that can make them sick. 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 vaccines can prevent, unless an exemption is filed. For more information, visit cdphe.colorado.gov/schoolrequiredvaccines. Your student must be vaccinated against:
 - o Diphtheria, tetanus and pertussis (DTaP, DTP)
 - o Haemophilus influenzae type b (Hib)
 - o Hepatitis B (HepB)
 - o Measles, mumps and rubella (MMR)
 - o Polio (IPV)
 - o Pneumococcal (PCV13)
 - o Varicella (chickenpox)
- Colorado follows recommendations set by the Advisory Committee on Immunization Practices. You can view the recommended vaccine schedule for children 0 - 6 years of age at cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf.
- Vaccines are recommended for rotavirus, hepatitis A, and influenza, but are not required.

Exclusion from school

- Your student may be excluded from school if your school does not have an up-to-date vaccine record, certificate of exemption, or in-process plan for your student on file.
- 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?

- You may want to talk to a healthcare provider licensed to give vaccines or your local public health agency about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at SpreadTheVaxFacts.com, 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 local public health agency, or call the state health department's Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your local public health agency at cdphe.colorado.gov/find-your-local-public-health-agency.

Vaccination records

- Please take your student's updated vaccine record 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. Visit COVaxRecords.org for more information.

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 because

of personal belief or religious reasons, 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. 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 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 C.R.S. 25-4-911. 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	2019-2020 MMR Immunization Rate REQUIRED IN LETTER	2019-2020 MMR Exemption Rate REQUIRED IN LETTER
The Episcopal Day School of Evergreen	92.96%	7.04%
<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	2019-2020 DTaP Immunization Rate	2019-2020 DTaP Exemption Rate
	94.37%	5.63%
	2019-2020 Hib Immunization Rate	2019-2020 Hib Exemption Rate
	94.37%	5.63%
	2019-2020 HepB Immunization Rate	2019-2020 HepB Exemption Rate
	92.96%	7.04%
	2019-2020 IPV Immunization Rate	2019-2020 IPV Exemption Rate
	92.96%	7.04%
	2019-2020 PCV13 Immunization Rate	2019-2020 PCV13 Exemption Rate
	92.96%	7.04%
	2019-2020 Varicella Immunization Rate	2019-2020 Varicella Exemption Rate
	91.55%	8.45%



Child Care Immunization Chart

Vaccines Required for Child Care, Preschool & K-Entry 2021-2022

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. 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 or DTP <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 sooner 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 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 Hep B vaccine is the only immunization that can be given as a birth dose. The 2nd dose of Hep B is to be given at least 4 weeks after the 1st dose; 3rd dose to be given at least 16 weeks (4 months) after 1st dose; and last dose to be given at least 8 weeks after 2nd dose and at (24 weeks) almost 6 months of age or older.
- * If a child has had chickenpox disease and it is documented by a health care 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 1st dose between 12 - 15 months. The student is out of compliance if the 1st dose is not given at 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) at least 4 -8 weeks apart, and booster dose between 12 - 15 months, at least 8 weeks after 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.

Recommended vaccines

Immunization date(s) MM/DD/YY

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

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

2021 SUMMER CAMP

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 2021 Summer Camp.

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

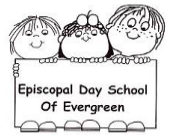
I hereby grant permission for my child, _____, to be photographed, videotaped or recorded under circumstances which include, but are not limited to the following:

- 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

CLASSROOM SUPPLY LIST

2021 Summer Camp

4 Rolls of Paper Towels

1 Box of Kleenex

1 Tube of Sunscreen

1 Container of Baby Wipes

1 box non-latex medical-type gloves, medium

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

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