

**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 Signature Required 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 to be given while your child is at school. (Please request form.)
18. \_\_\_\_ Extended Care Contract (Please request availability and form.)
19. \_\_\_\_ 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](mailto: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.

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Signature

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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](http://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



## COLORADO

Department of Public  
Health & Environment

Advancing Colorado's health and protecting the places we live, learn, work, and play

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](https://cdphe.colorado.gov/schoolrequiredvaccines). Your student must be vaccinated against:
  - Diphtheria, tetanus and pertussis (DTaP, DTP)
  - Haemophilus influenzae type b (Hib)
  - Hepatitis B (HepB)
  - Measles, mumps and rubella (MMR)
  - Polio (IPV)
  - Pneumococcal (PCV13)
  - 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](https://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](https://SpreadTheVaxFacts.com), [ImmunizeForGood.com](https://ImmunizeForGood.com), and [cdphe.colorado.gov/immunization-education](https://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](https://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](https://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](https://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](https://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](http://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](http://COVaxRates.org).

Child Care/Preschool/Head Start Name	2019-2020 MMR Immunization Rate REQUIRED IN LETTER	2019-2020 MMR Exemption Rate REQUIRED IN LETTER
<a href="#">The Episcopal Day School of Evergreen</a>	<a href="#">92.96%</a>	<a href="#">7.04%</a>
<i>Schools may also include the rates for the school-required vaccines shown below in this annual letter to parents/guardians</i>		
<b>Vaccinated Children Standard 95% Immunization Rate for All School-Required Vaccines</b>	2019-2020 DTaP Immunization Rate	2019-2020 DTaP Exemption Rate
	<a href="#">94.37%</a>	<a href="#">5.63%</a>
	2019-2020 Hib Immunization Rate	2019-2020 Hib Exemption Rate
	<a href="#">94.37%</a>	<a href="#">5.63%</a>
	2019-2020 HepB Immunization Rate	2019-2020 HepB Exemption Rate
	<a href="#">92.96%</a>	<a href="#">7.04%</a>
	2019-2020 IPV Immunization Rate	2019-2020 IPV Exemption Rate
	<a href="#">92.96%</a>	<a href="#">7.04%</a>
	2019-2020 PCV13 Immunization Rate	2019-2020 PCV13 Exemption Rate
	<a href="#">92.96%</a>	<a href="#">7.04%</a>
	2019-2020 Varicella Immunization Rate	2019-2020 Varicella Exemption Rate
<a href="#">91.55%</a>	<a href="#">8.45%</a>	



# 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](http://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 4<sup>th</sup> dose is not required if the 3<sup>rd</sup> dose was administered at age 4 years or older and at least 6 months after the 2<sup>nd</sup> dose.
- + The first dose of MMR, vaccine given more than 4 days before the 1<sup>st</sup> birthday is not a valid dose and cannot be accepted. ACIP recommends that the 1<sup>st</sup> 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 1<sup>st</sup> 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 2<sup>nd</sup> dose of Hep B is to be given at least 4 weeks after the 1<sup>st</sup> dose; 3<sup>rd</sup> dose to be given at least 16 weeks (4 months) after 1<sup>st</sup> dose; and last dose to be given at least 8 weeks after 2<sup>nd</sup> 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 1<sup>st</sup> birthday is not a valid dose and cannot be accepted. ACIP recommends 1<sup>st</sup> dose between 12 - 15 months. The student is out of compliance if the 1<sup>st</sup> 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 1<sup>st</sup> dose was administered. If the 1<sup>st</sup> 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 1<sup>st</sup> 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](http://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 6<sup>th</sup> 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							
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 _____
Name _____	DOB _____	Grade in School _____
Name _____	DOB _____	Grade in School _____
Name _____	DOB _____	Grade in School _____
Name _____	DOB _____	Grade in School _____
Name _____	DOB _____	Grade in School _____

Other permanent members of household (including relationship and age)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

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 - 2022 SCHOOL YEAR and  
2022 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 2021-2022 school year and 2022 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**

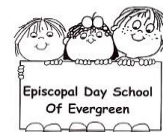
I hereby grant permission for my child, \_\_\_\_\_, to be photographed, videotaped or recorded under circumstances which include, but are not limited to the following:

- 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.

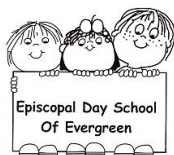
I have read and understand the above requirements concerning child abuse reporting. I understand that I will be notified after the report has been made.

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: \_\_\_\_\_

Dear EDSE Families,

We have updated our Temporary Illness Policy again due to the increase of “break-through” cases of COVID-19 or any of its variants in people who are fully vaccinated or have already had the illness.

**It is imperative that you read, understand, and completely comply with EDSE’s UPDATED Temporary Illness Policy until the restrictions placed on us by the State during this COVID-19 pandemic are lifted.** At EDSE our first and most important concern is the health and safety of the children, their families, and our staff. With so many people depending on full compliance of the Temporary Illness Policy, especially those with impaired immune systems, once again we are requiring your acknowledgement by signing and returning this letter.

We implore everyone to obey State Regulations to keep Colorado safe and healthy. Because we cannot control what others may do away from EDSE, your child has an increased chance of exposure to COVID-19 or any of its variants. At EDSE, we continue to follow all daily cleaning, sanitizing and disinfecting guidelines, handwashing, and social distancing to the best of our ability to further limit possible exposure of the virus. Face masks are required of staff who are not fully vaccinated. Though we do not require it, if you would like your child to wear a face mask, they can. However, they cannot be worn during naps or while eating and for those two years old and under. If your child cannot wear their mask without constantly touching it, they should not wear one. Masks must be washed in very hot water daily.

As part of the Temporary Illness Policy, you must first understand some definitions:

### **COVID-19 SYMPTOMS:**

\*congestion or runny nose, \*new or worsening cough, \*shortness of breath or difficulty breathing,  
\*fever (100.4°F or higher), \*chills, \*headache, \*sore throat, \*muscle or body aches,  
\*new loss of taste or smell, \*fatigue (tiredness), \*nausea or vomiting, \*diarrhea.

In children too young to reliably report their symptoms, parents, caregivers and teachers should monitor for symptoms and other age-appropriate signs of disease, including \*decreased appetite or activity. Symptoms of COVID-19 of the child care age group have not been well defined.

According to CDPHE symptoms of COVID-19, whether mild, worsening, or severe, requires isolation.

### **QUARANTINE VS ISOLATION:**

#### **Quarantine:**

- Separate a person and restrict their movements if they were exposed to someone who has a confirmed, probable or presumed case of COVID-19 to see if they become sick.
- For people who are not sick but have been exposed to someone with COVID-19 or have been exposed to someone who is sick while they wait to see if they become ill or test positive themselves.
- People in quarantine should separate from other people and restrict their movements.
- Quarantine lasts 14 days unless the person starts having symptoms.
- If during the 14 days they develop symptoms or test positive, they must start isolation.

#### **Isolation:**

- Is for those who have tested positive for COVID-19 whether they have symptoms or not or for people who are ill with COVID-19 symptoms but have not yet been tested or choose not to be tested.
- People in isolation should be separated from other people, even in their own household.
- The Isolation Period is only over when:
  1. Those who were ill but to the best of their knowledge were not exposed, test negative for COVID-19.
  2. 24 hours have passed from the last time there was a fever without using a fever reducing medication **AND**  
Other symptoms are gone **AND**  
At least 10 days has passed since symptoms first appeared.

**EDSE TEMPORARY ILLNESS POLICY REVISED:**

EDSE’s Temporary Illness Policy during the COVID-19 pandemic is strict because it appears that some people, especially children, present with only mild symptoms, if any at all. When asked if children or staff may attend if they only appear to have a common cold we were told “Children or staff should not be attending if they have **any** cold like symptoms that are not allergies.”

Therefore, children or staff who have **any** illness symptoms even without a fever cannot attend until:

- Their symptoms go away **AND**
- They provide a negative COVID-19 PCR or Rapid Molecular (PCR) Test result in hard copy **OR**
- The ill person has gone through the isolation process:
  - 24 hours has passed from the last time there was a fever without using a fever reducing medication **AND**
  - All other symptoms are gone **AND**
  - At least 10 days has passed since symptoms first appeared.
- Antigen tests may not be used instead of a PCR or Rapid Molecular Test.

If children or staff have mild illness symptom(s) but you strongly believe the symptom(s) is because of seasonal allergies or any other reason such as a cold, other respiratory symptom, or even symptoms due to wildfire smoke, please have your Health Care Provider confirm the allergy symptom(s) or alternative diagnosis **in writing** and provide it to us. We still must receive a negative COVID-19 test result.

Test results may be delivered to us by hand, text, email, or fax. Our fax number is 1-303-379-1509.

If your Health Care Provider gives an alternative diagnosis or note about allergies and the symptoms continue for longer than 2 – 3 weeks, you will need to take your child back to their health care provider for another diagnosis and COVID-19 test.

Included in this Temporary Illness Policy:

You must inform us if:

- Anyone in your household has any illness symptoms that does not already have an alternative diagnosis. This is especially important now that there are increasing cases of COVID-19 variants of those who are vaccinated and those who have already had the illness before.
- Your child or anyone living with or in close contact with your child tests positive for COVID-19 or has a probable case of COVID-19.
- Your child has visited/played with other children who were having symptoms, especially coughs and sore throats
- Your child was part of a large gathering of people, especially indoors, where health department guidelines were not followed

Your child will not be able to attend until the required quarantine is over or, if they become ill, until the required isolation is over.

This is for the safety of all children, their families and staff. There are several families and staff who have people living with them or care for loved ones with suppressed/impaired immune systems and are at high risk of severe illness should they develop COVID-19 or any of the variants. Please do not be the cause of one of these people becoming ill because you do not think your child is really having any symptoms or for the inconvenience of having to follow this Illness Policy.

Should any case of COVID-19 occur, guidance for EDSE would be determined by Jefferson County Public Health Department.

I have read, understand, and will comply by the EDSE Temporary Illness Policy while it is in effect.

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Child attending EDSE

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Signature

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Printed Name

Date: \_\_\_\_\_

# **The Episcopal Day School of Evergreen**

## **SUPPLY LIST**

**2021-2022**

**5 Containers of Baby Wipes**

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

**1 Box of Washable Markers**

**2 Large Glue Sticks**

**2 Boxes of Kleenex**

**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**

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

**1 Box Gallon size Zip Lock Bags**

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

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