

**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 signed, dated, and with office stamp.)
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. \_\_\_\_ Emergency Treatment Form (if applicable) for any/all of the following:  
Allergy, Asthma, Seizures, Other (Please request form)
16. \_\_\_\_ 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.)
17. \_\_\_\_ Extended Care Contract (Please request availability and form if not done at registration.)
18. \_\_\_\_ Supplies (from Supply List) Due at Open House or 1<sup>st</sup> 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@gmail.com](mailto:jerri.edse@gmail.com).

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



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

## Dear parents/guardians of students attending Colorado child cares, preschools, and Head Start programs for the 2023-24 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 potentially disrupt in-person learning. We wish you and your student(s) a healthy school year!

### Required and recommended vaccines

- Colorado law requires children who attend a licensed child care, preschool, or Head Start program to be vaccinated against many of the diseases vaccines can prevent unless a *Certificate of 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).
  - Haemophilus influenzae type b (Hib).
  - Hepatitis B (HepB).
  - Measles, mumps, and rubella (MMR).
  - Pneumococcal disease (PCV13 or PCV15).
  - Polio (IPV).
  - Varicella (chickenpox).
- Colorado follows recommendations set by Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices. You can view the recommended vaccine schedule for children 0 through 6 years of age at [www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html](https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html).
- CDC also recommends vaccines are recommended for COVID-19, hepatitis A (HepA), influenza (flu), and rotavirus (RV), but these are not required for child care or school entry in Colorado.

### 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 an in-process plan on file for your student.
- If someone is ill 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 or your local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can find a vaccine provider at [cdphe.colorado.gov/immunizations/get-vaccinated](https://cdphe.colorado.gov/immunizations/get-vaccinated). You can read about the safety and importance of vaccines at [www.cdc.gov/vaccines/parents/FAQs.html](https://www.cdc.gov/vaccines/parents/FAQs.html), [childvaccineco.org](https://childvaccineco.org), [ImmunizeForGood.com](https://ImmunizeForGood.com), and [cdphe.colorado.gov/immunization-education](https://cdphe.colorado.gov/immunization-education). Staying up to date on routine immunizations is important for adults, as well as children. We encourage parents and guardians to find out what vaccines might be due. It's never too late for families to get back on track! Learn more about vaccines for adults at [www.cdc.gov/vaccines/adults/rec-vac/index.html](https://www.cdc.gov/vaccines/adults/rec-vac/index.html).

### 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 (find LPHA at [cdphe.colorado.gov/find-your-local-public-health-agency](https://cdphe.colorado.gov/find-your-local-public-health-agency)), or call the Mile High Family Health Line at 303-692-2229 or 1-800-688-7777 to ask about Medicaid contact information and health clinics located in your area.

### Vaccination records

- Share your student's updated *Certificate of Immunization* with their 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 physician (MD, DO), advanced practice nurse (APN), or delegated physician assistant (PA). You only need to submit this certificate once, unless your student’s school or information changes. You can get the certificate at [cdphe.colorado.gov/vaccine-exemptions](#).
- If you choose not to have your student vaccinated according to Colorado’s school vaccine requirements for reasons that are nonmedical, 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 exemptions expire when the next vaccines are due or when the child enrolls in Kindergarten. There are two ways to file a nonmedical exemption.
  1. File the *Certificate of Nonmedical Exemption* WITH the signature from an immunizing provider in Colorado who is a physician (MD or DO), advanced practice nurse (APN), delegated physician’s assistant (PA), registered nurse (RN), or pharmacist licensed in Colorado; OR
  2. File the *Certificate of Nonmedical Exemption*, which you will be able to access upon completion of the state’s online immunization education module.

Downloadable certificates and a link to the online education module are available at [cdphe.colorado.gov/vaccine-exemptions](#).

### How’s your child care or school doing on vaccinations?

Some parents/guardians/caregivers, especially those with students who have weakened immune systems, may want to know which child cares, preschools, and Head Start programs have the highest immunization rates. Annually, schools must report immunization and exemption numbers (but not student names or birth dates) to CDPHE. 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	2021-2022 MMR immunization rate REQUIRED IN LETTER	2021-2022 MMR exemption rate REQUIRED IN LETTER
The Episcopal Day School of Evergreen	98.4%	1.6%
<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	2021-2022 DTaP immunization rate	2021-2022 DTaP exemption rate
	98.4%	1.6%
	2021-2022 Hib immunization rate	2021-2022 Hib exemption rate
	98.4%	1.6%
	2021-2022 HepB immunization rate	2021-2022 HepB exemption rate
	98.4%	1.6%
	2021-2022 IPV immunization rate	2021-2022 IPV exemption rate
	98.4%	1.6%
	2021-2022 PCV13 immunization rate	2021-2022 PCV13 exemption rate
	98.4%	1.6%
2021-2022 Varicella immunization rate	2021-2022 Varicella exemption rate	
98.4%	1.6%	



# Child Care Immunization Chart

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

- 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.
- 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>.
- 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.
- 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 <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 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 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 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 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 1<sup>st</sup> 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 1<sup>st</sup> 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 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 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 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

[cdphe.colorado.gov/immunization](http://cdphe.colorado.gov/immunization)



**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 Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at [cdphe.colorado.gov/immunization/forms](http://cdphe.colorado.gov/immunization/forms)), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at sixth grade entry.

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/guardian:(if student is under 18 years of age and not emancipated) \_\_\_\_\_

## Required Vaccines

Immunization date(s) MM/DD/YY

Titer Date\*  
MM/DD/YY

HepB 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						

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

In several instances, laboratory confirmation of positive titers are an acceptable alternative to written documentation of vaccination. A positive laboratory titer report must be provided to the school to document immunity. More information on titers can be found within the Colorado Board of Health rule 6 CCR 1009-2.

† For DTaP and Tdap, both the diphtheria and tetanus titers must be positive. A titer is never acceptable to demonstrate immunity to pertussis.

‡ Laboratory confirmation of positive titers are an acceptable alternative to the MMR vaccine only when titers for all three components (measles, mumps, and rubella) are positive.

## Recommended Vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus									
RV Rotavirus									
MCV4 Meningococcal									
MenB Meningococcal									
HepA Hepatitis A									
Flu Influenza									
COVID-19									
Other									

Health care provider printed name/signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

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

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**

**2023 - 2024 SCHOOL YEAR and  
2024 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 2023-2024 school year and 2024 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  
Water Play  
Hiking  
Baby Buggy Rides  
Slip and Slide  
Walks

**Parents Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# The Episcopal Day School of Evergreen

## PERMISSION TO BE PHOTOGRAPHED

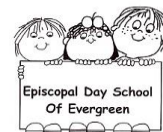
I hereby grant permission for my child, \_\_\_\_\_, to be photographed, videotaped or recorded under circumstances which include, but are not limited to the following:

- 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 and will be applied 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. I understand sunscreen will not be applied on my child if the skin is broken or if a skin reaction has been observed, I understand any skin reaction observed by the staff will be reported promptly to me.

\_\_\_\_\_ My child **MAY** use sunscreen provided by EDSE if the sunscreen I supply is not available.

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

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

Special Instructions: \_\_\_\_\_

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. I understand lotion/cream/balm will not be applied on my child with broken skin, or if a skin reaction has been observed. I understand any skin reaction observed by the staff will be reported promptly to me.

\_\_\_\_\_ My child **MAY** use lotion/cream/balm provided by EDSE if the lotion/cream/balm I supply is not available.

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

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

Special Instructions: \_\_\_\_\_

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. I understand the diaper ointment/cream will not be applied on my child with broken skin, or if a skin reaction has been observed. I understand any skin reaction observed by the staff will be reported promptly to me.

\_\_\_\_\_ My child **MAY** use diaper ointment/cream provided by EDSE if the diaper ointment/cream I supply is not available.

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

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

Special Instructions: \_\_\_\_\_

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.

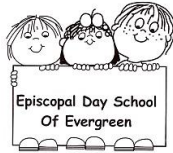
I have read and understand the above requirements concerning child abuse reporting. I understand that I will be notified after the report has been made.

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 compiling 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:

PLEASE PRINT CLEARLY

Child's Name: \_\_\_\_\_

Parent 1: Name That You Go By: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

Parent 2: Name That You Go By: \_\_\_\_\_

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: \_\_\_\_\_

# **The Episcopal Day School of Evergreen**

## **SUPPLY LIST**

**2023-2024**

**5 Containers of Baby Wipes**

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

**2 Boxes of Kleenex**

**1 50 oz. Hand Soap Refill – CANNOT BE ANTIBACTERIAL**

**1 box non-latex medical-type gloves, medium**

**If your 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 18<sup>th</sup> 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...).**