

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 if needed.)
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 if needed.)
17. ____ Extended Care Contract (Please request availability and form if not done at registration.)
18. ____ Supplies (from Supply List) Due at Open House or 1st day of Attendance.

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

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.



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

Dear parents/guardians of students attending Colorado child cares and preschools for the 2024-25 school year:

We know there's nothing more important than making sure your children stay healthy and learning all year long. Getting vaccinated keeps children from catching and spreading diseases that can make them sick and potentially keep them home from child care and preschool. This letter includes important information about Colorado's school and child care vaccine requirements, as well as other resources.

Required and recommended vaccines

Colorado law requires children who attend licensed child care and preschool 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.

To attend preschool and child care your child must be vaccinated against:

- Diphtheria, tetanus, and pertussis (DTaP)
- Haemophilus influenzae type b (Hib)
- Hepatitis B (HepB)
- Measles, mumps, and rubella (MMR)
- Pneumococcal disease (PCV)
- Polio (IPV)
- Varicella (chickenpox)

Colorado follows recommendations set by the Centers for Disease Control and Prevention's [Advisory Committee on Immunization Practices](#). This committee is a group of medical and public health experts who study vaccines and recommend them for the public. View the recommended vaccine schedule for children through 6 years of age at www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html.

CDC also recommends immunizations for COVID-19, hepatitis A (HepA), influenza (flu), respiratory syncytial virus (RSV), and rotavirus (RV) for child care-aged children, but these are not required for child care or school entry in Colorado.

This recommended schedule is safe and effective. It's based on how your child's immune system responds to vaccines at various ages, and how likely your child is to be exposed to a particular disease.

Exclusion from child care and school

Your child may be excluded if their program does not have an up-to-date Certificate of Immunization, Certificate of Exemption, or an in-process plan on file for your child.

If someone is sick or there is an outbreak of a vaccine-preventable disease at your child's school, and your child has not received the vaccine for that disease, they may be required to stay home. That could mean lost learning time for them and lost work and wages for you. For example, if your child has not received an MMR vaccine, they may need to stay home from their program for 21 days after someone gets sick with measles.

Have questions?

Talk with a health care provider or your local public health agency to ask questions and find out which vaccines your child needs. Find a vaccine provider at cdphe.colorado.gov/get-vaccinated. Read about the safety and importance of vaccines at www.cdc.gov/vaccines/parents/FAQs.html, childvaccineco.org, ImmunizeForGood.com, and cdphe.colorado.gov/immunization-education.

Staying up to date on routine immunizations is important for adults as well as children. It's never too late for families to get back on track! Learn more at www.cdc.gov/vaccines/adults/rec-vac/index.html.

Paying for vaccinations

If you need help finding free or low-cost vaccines, go to COVax4Kids.org, contact your local public health agency (cdphe.colorado.gov/find-your-local-public-health-agency), or dial [2-1-1](https://2-1-1.org) for information on Health First Colorado (Medicaid) and vaccine clinics in your area.

Vaccination records

Share your child's updated Certificate of Immunization with their program every time they receive a vaccine.

Need to find your child's vaccine record? It may be available from the [Colorado Immunization Information System \(CIIS\)](https://coloradoimmunizationinformation.org/). Visit COVaxRecords.org for more information, including directions on how to view and print your student's vaccine record.

Exemptions

If your child cannot get vaccines for [medical reasons](#), you must submit a Certificate of Medical Exemption to your school, signed by an advanced practice nurse (APN), physician (MD, DO), or physician assistant (PA) licensed to practice in any state or territory in the United States. You only need to submit this certificate once, unless your student's school or information changes. Get the form at cdphe.colorado.gov/vaccine-exemptions.

If you choose not to have your child vaccinated according to Colorado's school vaccine requirements for nonmedical reasons, you must submit a Certificate of Nonmedical Exemption to your preschool or child care program. Nonmedical exemptions must be submitted at 2, 4, 6, 12, and 18 months of age. These exemptions expire when the next vaccines are due or when the child enrolls in kindergarten. There are two ways to obtain a nonmedical exemption.

1. Submit the Certificate of Nonmedical Exemption signed by an advanced practice nurse (APN), pharmacist, physician (MD or DO), physician assistant (PA), or registered nurse (RN), licensed in Colorado, or
2. Submit the Certificate of Nonmedical Exemption you will be able to access after completing the state's Online Immunization Education Module.

Find certificates and the Online Immunization Education Module at cdphe.colorado.gov/vaccine-exemptions.

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

Annually, programs must report immunization and exemption numbers (but not student names or birthdates) to CDPHE. Programs do not control their specific immunization and exemption rates or establish the Vaccinated Children Standard described in [§25-4-911, CRS](#).

Your child's program's immunization rates from the 2022-23 school year. Find previous years' data at COVaxRates.org .		
Child care or preschool name	2022-23 MMR immunization rate (required)	2022-23 MMR exemption rate (required)
Schools may choose to include rates for other school-required vaccines.		
Vaccinated Children Standard 95% immunization rate for all school-required vaccines	2022-23 DTaP immunization rate	2022-23 DTaP exemption rate
	2022-23 Hib immunization rate	2022-23 Hib exemption rate
	2022-23 HepB immunization rate	2022-23 HepB exemption rate
	2022-23 PCV immunization rate	2022-23 PCV exemption rate
	2022-23 Polio immunization rate	2022-23 Polio exemption rate
	2022-23 varicella immunization rate	2022-23 varicella exemption rate

1. This table may be used as a **guide** for early childhood professionals to evaluate which school-required vaccines are needed in order to comply with state immunization requirements. Use the student's age to select the appropriate row. *Example, for a student who is 4 months and 3 weeks, use the "3 month" row as the student is not yet 5 months of age.* Review the student's immunization record with this table to ensure they have at least the number of doses required. The Colorado Board of Health uses the [immunization schedule](#) developed by the [Advisory Committee on Immunization Practices](#) (ACIP). Vaccines that are not required for school but recommended by ACIP for this age group include: Rotavirus (RV), Hepatitis A (HepA), Influenza (Flu), COVID-19, and Respiratory Syncytial Virus (RSV). Note that the table does not include vaccines that are not required for school. Schools and child cares are encouraged to enroll in the [Colorado Immunization Information System \(CIIS\)](#) which allows users to lookup, review, and print immunization records. Email cdphe_ciis_schools@state.co.us for more information.

2. Immunization requirements must be strictly enforced for all students. Students who do not meet the requirements must be denied attendance according to Colorado Revised Statutes § 25-4-902. There are three ways to be in compliance with the school immunization law:

- I. Student's immunization record documented on the [Colorado Certificate of Immunization](#) or [Approved Alternate Certificate of Immunization](#), shows they are fully immunized with required vaccines. A [laboratory report](#) for select vaccines or diseases showing immunity is also acceptable.
- II. For students who are not up to date on required vaccines, the school must directly notify the parent/guardian that the student has 14 days to receive the required vaccine(s). Parents are to provide a written plan for the remaining vaccines following the [minimum intervals of the Advisory Committee on Immunization Practices \(ACIP\) schedule](#). If the plan is not followed, the student must be excluded from school for non-compliance.
- III. Submission of a [Certificate of Medical Exemption](#) signed by a healthcare provider, (MD, DO, APN, PA) or a [Certificate of Nonmedical Exemption](#) signed by an immunizing healthcare provider or obtained after the completion of CDPHE's Online Immunization Education Module. A Certificate of Nonmedical Exemption is to be submitted by a parent/guardian when immunizations are due following the ACIP immunization schedule at 2 months, 4 months, 6 months, 12 months, and 18 months of age.

By ___ months of age, the child is required to have received ___ doses of vaccine.

Age of child	Number of required doses: Note: Vaccines must be given no earlier than the MINIMUM INTERVALS & AGES in order to be valid. A 4-day grace period applies in most situations though should not be applied to the 28-day interval between two live vaccines (for example, MMR or varicella).						
	Hepatitis (HepB)*	Diphtheria, Tetanus, Pertussis (DTaP)†	Haemophilus influenzae B (Hib)‡	Polio (IPV)§	Pneumococcal Conjugate (PCV)#	Measles, mumps, rubella (MMR)**	Varicella (Chickenpox)††
1 month	1	--	--	--	--	--	--
3 months	2	1	1	1	1	--	--
5 months	2	2	2	2	2	--	--
7 months	2	3	3/2	2	3/2	--	--
16 months	2	3	4/3/2/1	2	4/3/2	1	1
19 months	3	4	4/3/2/1	3	4/3/2	1	1
24 months	3	4	4/3/2/1	3	4/3/2/1	1	1
By K entry‡‡	3	5/4	--	4/3	--	2	2

Per CDC: [catch up](#) refers to, "those who start late or who are more than 1 month behind." Once a child catches up to the number of doses required for their age, use the standard recommendation for timing future vaccinations.

*HepB is a 3-dose series at 0, 1-2, and 6-18 months of age. The minimum age for the final dose is 24 weeks of age. If dose 3 is given prior to 24 weeks of age, a 4th dose is required. 4 doses of Hepatitis B vaccine are permitted when a combination vaccine is used. Catch up: Older students require a minimum of 3 appropriately spaced doses (minimum intervals 0, 4 weeks, 8 weeks and at least 16 weeks after first dose).

†DTaP is a 5-dose series at 2, 4, 6, 15-18 months, and 4-6 years of age. By kindergarten entry, 5 doses of DTaP are required or 4 doses if the fourth dose was administered on or after the fourth birthday and was given at least 6 months after dose 3. Catch up: for children 4 months through 6 years of age, use [CDC's DTaP catch up guidance job aid](#) (PDF).

‡Hib is a 3 or 4-dose series depending on product type - 3-doses with PedvaxHIB (2, 4, 12-15 months) or 4-doses at 2, 4, 6, and 12-15 months of age for other products or mixed schedules. Catch up: If any dose of Hib is given at or over 15 months through 4 years of age, the Hib requirement is met. Previously unvaccinated children who are 60 months or older do not require Hib vaccination. For children 4 months through 4 years of age, use [CDC's Hib catch up guidance job aid](#) (PDF) ([CDC's catch up guidance job aid for PedVaxHib only](#) PDF).

§IPV is a 4-dose series at 2, 4, 6-18 months, and 4-6 years of age. By kindergarten entry, 4 doses of IPV are required or 3 doses if the third dose was administered on or after the fourth birthday and was given at least 6 months after dose 2. The final dose must be given no earlier than 4 years of age. Catch up: for children 4 months through 17 years of age, use [CDC's IPV catch up guidance job aid](#) (PDF).

#PCV is a four dose series given at 2, 4, 6, and 12-15 months of age. Catch up: If any dose of PCV is given at 24 months through 4 years of age, the PCV requirement is met. Previously unvaccinated children who are 60 months or older do not require PCV vaccination. For children 4 months through 4 years of age, use [CDC's PCV catch up job aid](#) (PDF).

**MMR is a two dose series given at 12-15 months and 4-6 years of age. Dose 1 is not valid if administered more than 4 days before the 1st birthday. 2 valid doses are required for students entering Kindergarten. Catch up: Unvaccinated children: 2-dose series at least 4 weeks apart.

††Varicella or chickenpox is a two dose series given at 12-15 months and 4-6 years of age. Dose 1 is not valid if administered more than 4 days before the 1st birthday. 2 valid doses are required for students entering Kindergarten. Catch up: Unvaccinated children: 2-dose series at least 3 months apart. Note: If a child has previous varicella disease, documented by a healthcare provider or a [positive antibody titer](#), the child has met the varicella requirement.

‡‡Kindergarten entry: Hib and PCV are not required for students K through grade 12.

COLORADO CERTIFICATE OF IMMUNIZATION

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), 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	
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*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 _____
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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: _____

Parent/Guardian's Name: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian'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

2024 - 2025 SCHOOL YEAR and 2025 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 2024-2025 school year and 2025 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.

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:

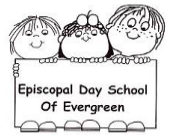
- Special events in the child's honor such as birthdays.
- Photographs to be taken expressly to be given to the parent/guardian.
- Photographs to be used in the classroom for the purpose of craft items, picture frames, ornaments, etc.

Please note: All children will have a photo taken as required for identification purposes, whether or not permission is granted for the purposes above.

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

2024-2025

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 18th from 10:00AM to 11:00 AM or on your child's first day of attendance.

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