

Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Center	
Home Address				City	
State	Zip Code	Home Telephone Number			
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
<b>Where can you be reached while your child is in this program?</b>					
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
<b>Where can you be reached while your child is in this program?</b>					
<b>Emergency Contacts:</b> Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b> . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name		Name			
City	State	City	State		
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child		
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

**Allergies, Special Health or Medical Conditions, and Food Supplements**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- ☐ No  
☐ Yes - check all that apply    ☐ Food    ☐ Medication    ☐ Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- ☐ No  
☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (*check one*)

- ☐ No  
☐ Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- ☐ No  
☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

- ☐ No  
☐ Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- ☐ No  
☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
☐ N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- ☐ No  
☐ Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- ☐ No  
☐ Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."  
☐ N/A - child does not attend a full time program.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff <b>or medical personnel</b> in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

#### Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)	
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the center/type A home's policy or another:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

#### Emergency Transportation Authorization

Give <u>Permission</u> to Transport	<b>OR</b>  Do not sign both	Do Not Give <u>Permission</u> to Transport
Center or Type A Home Name		Center or Type A Home Name
<b>has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		<b>does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
<div style="display: flex; justify-content: space-between;"> <span>Parent's Signature</span> <span>Date</span> </div>		<div style="display: flex; justify-content: space-between;"> <span>Parent's Signature</span> <span>Date</span> </div>

#### Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)	
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.	
Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.			
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association,  
American Academy of Pediatrics Council on School Health, &  
Association of Camp Nurses

american **CAMP** association

Mail this form to the address below by \_\_\_\_\_ (date)

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last  
☐ Male ☐ Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Month/Day/Year

**To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.**

- 1) Complete **pages 1, 2 and 3** of this form (FORM 1) and **make a copy**.
- 2) Send the **original, signed FORM 1** to camp by the requested date.
- 3) Complete the top of **FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS)** and provide the **copy of FORM 1 with FORM 2** to your **child's health-care provider** for review and completion.
- 4) After it has been **completed and signed** by your child's health-care provider, return **FORM 2** to camp by the requested date.

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) (\_\_\_\_)  
Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) (\_\_\_\_)  
Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) (\_\_\_\_)

**Allergies:** ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other  
(Please describe below what the camper is allergic to and the reaction seen.)

**Diet, Nutrition:** ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet. ☐ This camper is lactose intolerant. ☐ This camper is gluten intolerant.  
☐ Other, **please explain in space.**

**Restrictions:** ☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  
☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.  
(Please describe below.)

## Medical Insurance Information:

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

**Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_

## Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.**

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Camper Name  
First  
Middle  
Last

Middle

Last

(For Camp Use) Cabin or Group \_\_\_\_\_

(For Camp Use) Session Code(s): \_\_\_\_\_

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
 First Middle Last  
 Birth Date: \_\_\_\_\_  
 Month/Day/Year

**Immunization History:** Provide the month and year for each immunization. Starred (\*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)						
<input type="checkbox"/> Had chicken pox Date: _____						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: \_\_\_\_\_ ☐ Negative ☐ Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Medication:** ☐ This camper will not take any daily medications while attending camp.  
☐ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

Acetaminophen (Tylenol)  
 Phenylephrine decongestant (Sudafed PE)  
 Antihistamine/allergy medicine  
 Diphenhydramine antihistamine/allergy medicine (Benadryl)  
 Sore throat spray  
 Lice shampoo or cream (Nix or Elimite)  
 Calamine lotion  
 Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)  
 Pseudoephedrine decongestant (Sudafed)  
 Guaifenesin cough syrup (Robitussin)  
 Dextromethorphan cough syrup (Robitussin DM)  
 Generic cough drops  
 Antibiotic cream  
 Aloe  
 Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
First Middle Last  
Birth Date: \_\_\_\_\_  
Month/Day/Year

## **General Health History:** Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- |  |  |  |  |
|--|--|--|--|
| 1. Ever been hospitalized? .....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? .....                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? .....                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? .....           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? .....               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? .....                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? .....                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? .....      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?.....         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?.....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?.....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? .....                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?.....             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?.....                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?.....    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Please explain "Yes" answers in the space below,** noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

## **Mental, Emotional, and Social Health:** Check "Yes" or "No" for each statement.

Has the camper:

- |  |  |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....<br>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Please explain "Yes" answers in the space below,** noting the number of the questions. The camp may contact you for additional information.

## **Health-Care Providers:**

Name of camper's primary doctor(s): _____	Phone: (____) _____
Name of dentist(s): _____	Phone: (____) _____
Name of orthodontist(s): _____	Phone: (____) _____

**What Have We Forgotten to Ask?** Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

**Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.**

First

**Middle**

Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

## Initial Screening

Date/Time:

Initials: \_\_\_\_\_

- Provider notes: (date/time/initial all entries)**

☐ Left camp this day with no reported illness or injury symptoms.

☐ Left camp this day with the following problem/concern:

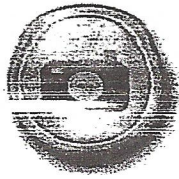
This person was told about the problem and instructed about follow-up as noted above: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Initials: \_\_\_\_\_

Ohio Department of Job and Family Services  
**ROUTINE TRIP PERMISSION**  
**FOR CHILD CARE CENTERS/TYPE A HOMES**

<b>Routine Trip Destination(s)</b>	
<b>Date of Permission (valid for one year)</b>	
<b>Mode of Transportation</b> (walking, school bus, public transportation, parent vehicles, provider vehicle and driver)	
<b>During this trip children will have access to water that is two feet or more in depth.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Are water activities planned in water that is two feet or more in depth?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a swimming permission slip is required)	
<b>Child's Name</b>	
My child is <input type="checkbox"/> over 4 years and 40 lbs. <input type="checkbox"/> not over 4 years and/or 40 lbs.	
I grant permission for my child to participate in the routine trips described above.	
<b>Parent Signature</b>	<b>Date</b>

This is a sample form provided by ODJFS.



## Permission to Photograph

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian name) (Child Care Provider)  
photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)

## ARRIVALS AND DEPARTURES

Campers should be dropped off no earlier than the camp start time and picked up no later than the camp ending time, unless otherwise noted.

Please park in the parking spaces located outside the camp. Loading and unloading shall only be at the camp in one of the parking spaces and not just anywhere in the parking lot or driveway.

Parents are responsible for signing in their camper daily when they are dropped off and signing them out when they are picked up. Camp staff will be waiting at the sign-in and sign-out location.

The safety of all campers is our number one concern and it is crucial that each camper is accounted for daily. Parents and guardians will be required to show a picture ID to staff during the first week of the program.

Your patience during the sign-in and sign-out procedure is appreciated.

Staff members are busy preparing for daily camp activities before the campers arrive and after they leave each day. The planning time is valuable to ensure a positive and organized camp experience for all participants. Therefore, be advised that the camp staff cannot be responsible for supervising campers who arrive before the scheduled start time or who remain after the scheduled end time.

Kidsville Summer Camp does not assume responsibility for campers arriving early or remaining on site outside of established beginning and ending times for any program. Repeated late pick-ups may result in late fees or dismissal from the camp.

A written note with a parent or guardian's signature is required in advance, for the safety of your camper, any time your camper will be allowed to:

- Leave camp early with you, a relative, or a friend.
- Be picked up by anyone other than you (the parent/guardian) or anyone listed on the Camper Information Form.

Also, if there are any changes regarding your home, work or emergency phone numbers; or addresses; or any additional contact information, please notify the Camp Director.

### ABSENCES, LATE ARRIVALS & EARLY PICK-UPS

If your camper will be late in arriving or picked up early from camp for any reason please call the Camp Director or camp facility that morning at the phone number provided in your Camp Welcome Letter. If you are calling before the start of the work day, please leave a recorded message. This is very important so that all campers can be accounted for each day. If we do not hear from you via Camp Central or written note and the Director reports your camper absent, staff will make every attempt to contact you by phone. Please help the staff avoid unnecessary phone calls by reporting your camper's absence or late arrival in the morning.

Please be advised that the proper sign-in and sign-out procedures must be followed any time a camper will be arriving late or leaving early. Whenever bringing your camper to camp late or picking him/her up early, please take your camper directly to the Camp Director or the specified sign-in or sign-out location.

### LATE PICK-UP POLICY

Camp staff will supervise children who are left beyond the scheduled pick-up time until a parent or other authorized adult on the pick-up list arrives. However, late pick-ups will result in a fee. The first time a parent is late a fee will be charged at a rate of \$5.00 for the first 15 minutes and \$1.00 for every minute thereafter.

The second time a parent is late, the charge will be \$10.00 for the first 15 minutes; the third time, the charge will be \$15.00 and will continue in \$5.00 increments for each occurrence. The dollar-per-minute charge will stay constant. Payment of the late fee is due at the time of pick-up. All measurements of time are to be according to the clock located at the camp

## COMMUNICATION

On-going and open communication between parents/guardians is essential for a positive experience for each camper.

Parents/guardians are encouraged to discuss questions and concerns with the Camp Director. Should there be something your camper is experiencing at camp or in their personal life which may reflect in their behavior or attitude towards camp, please inform a staff member of the situation.

If you need to contact your camper at camp for any reason, you may call the Camp Director's as detailed in each individual camp's welcome letters. Campers are not allowed to make telephone calls during the camp day except in an emergency.

Camp welcome letters for individual camps will detail how to:

- Contact camp staff.
- Report absences.
- Obtain camp site location changes due to weather.
- Obtain field trip updates and swim schedules
- Report lost and found items.

Camp Director should be contacted when you need to notify staff that another person listed on the authorization form will be picking up a camper, communicate behavior issues, or discuss medication.

All calls made to the Camp Director will receive a response within three hours with the exception of an emergency. Emergencies are

classified as a serious injury to an immediate family member or if an authorization for a camper pick-up is required by another person not listed on the pick-up form.

# DISCIPLINE POLICY

While understanding that children of different ages will have varied expectations regarding what is developmentally appropriate behavior, Kidsville Childcare and Development will not be able to tolerate continuous disruptive, aggressive or violent behavior by children of any age. If a child's behavior continuously takes away from the care and safety of the others, enrollment termination might be required.

However, in most cases, the following processes will be followed:

\*\* Teachers will log behavior issues on Kidville's Incident Report forms. A copy of each incident report will be given to the parents and discussed. Parents are expected to further address the issue with their child at home. In some instances, follow up with a professional for an evaluation may be recommended. If so, parents will be expected to cooperate for continued enrollment.

\*\* If a child exhibits violent or aggressive behavior, the child will be excluded from group activities for a period of time, and will be sent to an Admin office. Depending on the age of the child and the severity of the incident, the child may be allowed to return to the group after the situation is diffused. (This will be allowed no more than two times in one day)

\*\* If a child's aggressive behavior continues the same day, the parent will be called. The parent will be expected to make arrangements to pick up the child immediately. The child will be excluded from group activities for the rest of the day until the parent picks the child up.

We encourage positive redirection. Positive discipline teaches children where limits are set, how to maintain control of their bodies, and how to problem solve in the event of the conflict.

We encourage children to empathize with one another's feelings and see the results of their actions. We discourage inappropriate behavior. We use "Time Out" as our last resort. Any child that is put in time out is always supervised by a teacher and shall remain in time out only 1 minute per age of the child. When time out is over, it is explained to the child why time out occurred and what correct behavior is expected. No child is subjected to corporal punishment or physical discipline at any time. Discipline shall never be related to food, rest, or toileting.

We will make every effort to work with parents of children having difficulties in child care. Behavior of children which disrupts normal classroom group activities on a frequent or extended basis may indicate physical or emotional problems requiring the attention of a professional specialist. Children displaying chronic disruptive behavior which is upsetting to the physical or emotional well-being of another child may require the following actions.

**STEP 1 - A parent meeting to discuss and implement a behavioral action plan, which may include additional professional services and assessments.**

**STEP 2 - If the child is written up 3 or more times the child will be suspended for one week and the parent will have to make other arrangements for care.**

**STEP 3 - If the behavior plan doesn't work and the child has already been suspended once, the family will need to seek an alternate care for their child. In most cases, we can accommodate up to a 2 week period while a family is looking for another arrangement.**

**TERMINATION - If child is sent home more than 3 times due to aggressive or violent behavior, the child will be terminated immediately.**

Kidsville Childcare and Development reserves the right to cancel the enrollment of a child for the following reasons:

1. Nonpayment or excessive late payments of fees.
2. Physical and/or verbal abuse of staff or children by parent or child.
3. Not observing the rules of the center as outlined in the handbook and/or parental agreement.

## Discipline Policy Agreement

I have read the Disciplinary Policies and Procedures. I have discussed this with my child and agree to comply with the discipline policies and procedures of Kidsville Childcare and Development.

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Parent/Legal Guardian Signature

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Parent/Legal Guardian Name Printed

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Child's Name

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Child's Name

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Child's Name

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Child's Name

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Child's Name

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Child's Name

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Child's Name

# Sick Child Policy

**5101:2-14-30 (D) of the OAC states that a sick child is one who demonstrates one or more of the following symptoms:**

1. **A temperature of at least 100 degrees Fahrenheit\*** when accompanied by any other sign or symptom of illness. \*Temperatures shall be taken by the armpit method with a digital thermometer. The thermometer shall be used and sanitized after each use according to the manufacture's guidelines.
2. **Diarrhea**, defined as 3 or more abnormally loose stools within a 24 hour period.
3. **Severe coughing** which causes the child to become red or blue in the face or to make a whooping sound.
4. **Difficult or rapid breathing** which is not attributed to a known respiratory illness such as asthma.
5. **Yellowish skin or eyes.**
6. **Purulent eye discharge (pus), eye pain, or eyelid redness.**
7. **Untreated infected skin patches, spots, or rashes.**
8. **Unusually dark urine and/or gray or white stool.**
9. **A stiff neck with an elevated temperature.**
10. **Evidence of untreated lice, scabies, or other parasitic infection.**
11. **Sore throat or difficulty swallowing.**
12. **Vomiting more than once** or when accompanied by any other sign or symptom of illness.

Following a child's illness or communicable disease, providers must receive a medical statement from the child's physician prior to the child returning to care.

(Reference Additional County Rule #5.)

Phone number: \_\_\_\_\_ email: \_\_\_\_\_



## Permission to Treat

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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## Permission to Administer Over-the-Counter Medications

I (parent) hereby give permission for Camp White Cloud to administer the following over-the-counter medications if the nurse deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Headache	Tylenol®
Upset Stomach	Pepto Bismol®
Diarrhea	Immodium AD®
Menstrual Cramps	Ibuprophen®
Poison Ivy	Calamine Lotion or CortAid®

Signed \_\_\_\_\_ Date \_\_\_\_\_

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## Release and Application for Exemption from Physical Examination and Immunization Requirements

It is respectfully requested that \_\_\_\_\_ be exempted upon religious grounds from the physical examination and all immunization requirements required for attendance at Camp \_\_\_\_\_. To the best of my knowledge and belief, s/he is and has been in normal good health and is free from all communicable or contagious diseases.

Should \_\_\_\_\_ manifest any condition where there appears to be reasonable grounds for suspecting the presence of a communicable or contagious diseases, I agree that a physical examination may be performed. Also, I agree that if any such disease is found, \_\_\_\_\_ will comply with the regular quarantine or isolation procedures of the camp and of the community.

It is further understood that, should an emergency arise, I will be notified immediately. However, in the event that we cannot be located immediately, the authorities of the camp may take such temporary measures as they deem necessary.

I release and forever discharge the camp and each and every one of its officers, directors, partners, shareholders, employees, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the "Released Parties") from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness, and treatment of \_\_\_\_\_.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of \_\_\_\_\_ against the Released Parties.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility there for.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

## Release Form

I have requested \_\_\_\_\_ (The camp) to allow me to participate in \_\_\_\_\_ (Activity) . As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following:

I understand that my participation in this activity can expose me to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge \_\_\_\_\_ (The camp), its officers, agents, and employees from any and all claims or liability for personal injury or property damage I may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby release \_\_\_\_\_ (The camp) and the officers, agents, and employees of the camp for any negligence of the camp, or its officers, agents or employees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Address Printed

## Sample Hold Harmless Agreements

Lessee agrees to indemnify, hold harmless and defend lessor, and all of the lessor's officers, agents and employees, from and against all liability for injuries to or deaths of persons or damage to property caused by lessee's use of, occupancy of, or operations upon the demised premises, provided, however, that this covenant shall not extend to liabilities incurred from any negligent acts or omissions of the part of the lessor and its officers, agents, or employees.

**OR**

\_\_\_\_\_ (Group) agrees to indemnify and hold harmless \_\_\_\_\_ (The lessor), its officers, agents and employees from and against every expense, including attorney's fees, liability or payment by reason of any damages or injury to persons (including death) or property (including loss of use or theft thereof) arising out of or in connection with the conference, including use or occupancy of \_\_\_\_\_ property, facilities, or equipment, provided that such damages or injury are caused in whole or part by \_\_\_\_\_ (The lessor), its officers, agents, employees, or participants.

## Information on a wilderness canoe trip might include:

Campers will be in groups of twelve with three staff members, each of whom is trained in water rescue and first aid. One trip leader is certified in wilderness first aid. At most points on the trip, the group will be a minimum of two hours from professional medical care. Trip leaders will carry cellular phones that are in cellular service areas for all but one day on the trip. On that day, phones for use in an emergency are not available. The group will be up to six hours from the nearest cellular area. Campers may be subject to extremes in weather, and will be held responsible for their own behavior on the trip. Understanding these situations, I hereby give permission for my child \_\_\_\_\_ to participate in this trip sponsored and supervised by Camp White Cloud in the summer of \_\_\_\_.



I would like my child \_\_\_\_\_ to be transported from my home to  
Kidsville Childcare on the following days...

Please circle:

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

I would like my child to be picked up/dropped off from/to the authorized address below:

1) \_\_\_\_\_

2) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_

## **CAMPERS, PARENTS/GUARDIANS AND STAFF**

The following items **ARE NOT** allowed on the premises.

- Alcohol and drugs,
- Personal sports equipment,
- Vehicles,
- Animals, and
- Weapons

If you are caught with any of the above items on the premises, then you will be removed from the programs indefinitely.

Kidsville Summer Camp Leadership



## TRANSPORTATION FORM

Camper's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(Parent must have a working phone in order to participate in our program. It is very important for the camp to get in touch with the parent in the case of emergency)

I request my child(ren) to be picked up and dropped off from the following address:

\_\_\_\_\_  
\_\_\_\_\_

Transportation fee:

There is a one time transportation fee of \$30. This fee is non refundable and will be valid during our 10 week summer program. The camp will transport your child(ren) from your home to the camp. The camp will transport your child(ren) from the camp to your home.

I understand it is my responsibility to that I will adhere to the transportation rules. It is agreed that;

1. The parent or authorized person must be at the location of pickup/drop off.
2. We will not release the child unless there is someone to sign for the child.
3. The parent cannot request our driver to drop off at a location other than the address listed on this form.
4. In order to be fair to all families please make sure you are always considerate of the time. If you are not available within 3 minutes of drop off/pick up times, our driver will not be able to wait. We will need to stay on schedule to make sure all campers are picked up and dropped off on a timely fashion.
5. If the parent or authorized person is not available after 3 minutes will transport your child back to the camp. You will be charged a \$10 fee. You will be also charged \$1 per minute the camp

has to wait for the child to be picked up by an authorized person after the camp has closed. The fee must be paid before your child will be able to return the next day.

6. The parent understands that you get no more than 2 no call/no shows during pickup or drop offs. Meaning if your child does not come out within 3 minutes, that is a no call/no show. If there is not an authorized person to get the child, that is a no show.
7. The parent must notify us of any changes in writing prior us making any adjustments to the pick up/drop off schedule.
8. The camp staff will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
9. Each child will board or leave a vehicle from the curb side of the street.
10. The child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
11. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
12. The caregiver will notify me in advance of any instance where my child(ren) will be transported while in care.

I agree and will adhere to the transportation rules of Kidsville Summer Camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

