

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		EMAIL ADDRESS
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		EMAIL ADDRESS
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES
TRANSPORTATION BY THE FACILITY		

PERIODIC REVIEW

_____ SIGNATURE OF PARENT or GUARDIAN

_____ DATE

_____ SIGNATURE OF PARENT or GUARDIAN

_____ DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		WORK PHONE:
FACILITY PHONE:	COUNTY:	

I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE: _____

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD.

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: _____ DATE FORM SIGNED: _____

Parents may write immunization dates; health professional should verify and complete all data.



Medical Form

Child's Name: _____ D.O.B.: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardians: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact (If above cannot be reached): _____

Phone: _____ Relationship to Child: _____

Child's Doctor: _____ Phone: _____

Health Insurance Company: _____ Policy #: _____

Date of last Tetanus Booster: _____ Up to date Immunizations YES/NO

Up to date Immunizations required to participate in Comm Kids Programs.

Please attach record.

All Staff are First Aid/CPR certified. Do we have your permission to administer emergency First Aid if needed? _____

My son or daughter may be transported via ambulance to _____ Hospital if emergency care is required. I understand that I will be notified immediately should this instance occur.

1. Special Medical Conditions:

2. Chronic Illnesses:

3. History of serious injuries or hospitalizations of which we should be aware:

4. Diabetes: _____ Yes _____ No If your child has diabetes, please notify the director.

5. Special Dietary Needs:

6. Physical Restrictions:

7. Does your child use any special equipment such as a breathing machine, wheelchair, hearing aid, etc.

8. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting?

9. Is your child currently on any medication that we should be aware of?

10. If a bee stings your child, and your child reacts negatively, do you give us permission to give your child Benadryl? _____
If yes, what dosage? _____

Please note, parent/guardians will be notified immediately in this instance.

Allergy Information:

Allergies to:

Medications _____	Reaction _____
_____	Reaction _____
Foods _____	Reaction _____
_____	Reaction _____
_____	Reaction _____
Respiratory _____	Reaction _____
Bee Sting _____	Reaction _____
Other _____	Reaction _____
_____	Reaction _____

Are any of these allergies life threatening? _____

If yes, please provide special instructions (attach paper if necessary)

I the undersigned do hereby discharge and release the Waverly Community House officers, trustees, employees and volunteers from claims for injuries, losses, or damages my child may now or in the future incur while a participant in a Waverly Community House program or on the grounds.

I understand that by signing this paperwork, I am allowing Comm Kids staff to make whatever emergency decision (first aid, evacuation, etc.) judged necessary for the care, safety, and protection of my child while under the care of the Waverly Community House.

Parent Signature: _____ Date: _____

PRE-K TO KINDERGARTEN COLLABORATION
AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

Child's Name: _____ Phone Number: _____
Address: _____ Date of Birth: _____

I authorize the release, receipt, and/or exchange of my child's information between _____ and _____ for a period of five years beginning on the date of authorization. (Please write elementary school(s) or early childhood program (s).)

for the purpose of:

- _____ transitioning to kindergarten
- _____ classroom placements _____
- _____ coordination of education services
- _____ assessing kindergarten readiness
- _____ providing ongoing support to the student, teacher, and/or family

This information may include but is not limited to:

- _____ Attendance history
- _____ Types of services received
- _____ Behavior reports and plans created
- _____ Developmental assessments
- _____ Notes or observations from teachers, either written or verbal
- _____ Health history
- _____ other (specify) _____

I acknowledge that my child:

- _____ currently receives any of the services listed
- _____ received these services in the past/ start & end date of services: from _____ to _____
- _____ has never been a recipient of any of the services listed below

These services include:

- _____ Early Intervention Services _____ (Agency Name)
- _____ Behavioral Health Services from _____ (Agency Name)
- _____ Counseling Services from _____ (Agency Name)
- _____ Other(s) from _____ (Agency Name)

I understand that the information I have provided will allow for the optimal circumstances for a smooth transition plan for my child to occur. I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

Printed Name of Parent or Guardian

Printed Name of Agency Representative

Signature of Parent

Signature of Agency Representative

Address of Parent

Agency Address

Date

Date



Financial Agreement

1. It is my desire to enroll my child, _____
at Comm Kids for childcare services including supervision, provided snacks,
and education.
 - My child will arrive at _____ AM/PM
 - My child will depart at _____ AM/PM
 - Frequency _____ days per week
2. For **Preschool**, I hereby agree to pay on the first of every month prior to the
weeks of service the sum of \$ _____ via check made out to the
Waverly Community House, money order, or automated bank deposit.
3. For **After School**, I hereby agree to pay every Friday after the week of
service the sum of \$ _____ via check made out to the Waverly
Community House, money order, or automated bank deposit.
4. Should you fail to make payments in a timely fashion, an invoice will be
prepared, and payment will be due upon that time. Failure to make these
payments may result in removal from the program.
5. Late Fees: If you frequently arrive for your child after 6:00pm, a late fee will
be charged to your account. The late fee charge is due upon pickup. Late
fees are as follows:

1-5 min late: \$5
6-10 min late: \$10
11-15 min late: \$15
16-20 min late: \$20

21-30 min late: \$25
31-45 min late: \$30
46 min- 1 hour: \$50
More than 1 hour: \$75

6. **Registration Fee:** A non-refundable \$50 registration fee is due immediately to hold an enrollment space.
7. **Returned Checks:** Checks returned for insufficient funds will result in a fee of \$10 due immediately.

I/We understand that lack of/late payments pose undue stress on the Waverly Community House Comm Kids Program. Therefore I/We agree to abide by the above financial agreement policies. I understand that tuition fees are subject to change at any time with a 30-day notice. Notices will be posted on the parent board, or distributed to parents.

Parent/ Guardian Signature(s): _____ Date: _____

Comm Kids Signature: _____ Date: _____

Comm Kids Signature: _____ Withdrawal Date: _____

6 Month Update: _____ Date: _____



Medication Administration Policy

At Comm Kids, we believe that children should be given medication, when needed, in the safest possible way for the child, parent, and providers. Administering medication is based on parent consent and the child's health care provider recommendations.

Comm Kids requires that all medications be given at home whenever possible. We will only give medication that must be given at times when the parent's work schedule prevents them from administering it. When a child requires medication to be administered at Comm Kids, a parent must make arrangements to give the first dose at home so that the child may be observed for any reaction to the medication.

This medication policy was developed so that medications can be administered in a safe and expedient manner that protects children and staff. Non-prescription or prescription medication will only be administered when we have the parent's signed consent, and/or a healthcare provider's prescription or written recommendation that a specific medicine is given to a specific child.

- Prescription medication must be in the original child-proof container that is labeled by the pharmacist with the child's name, the name of the medication, the date the prescription was filled, the name of the healthcare provider who wrote the prescription, the medication's expiration date, and administration, storage, and disposal instructions.
- Over the counter (non-prescription) medications must also be in their original child-proof container that is labeled with the child's first and last name, and specific and legible instructions for administration and storage supplied by the manufacturer.
- Staff will apply topical, non-steroid medication (sunscreen, lotion, etc) only with a signed waver from the parents or guardians. A record of administration does not need to be kept for topical non-steroid medication.
- A parental signature is required for medication, and also a prescription or healthcare provider's written recommendation. The staff person administering the medication will immediately record the date, time, medication and dose, and sign his/her name on a medication log. Only staff trained in medication administration will give medication.

- A healthcare provider may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition. The instructions for such a medication must include the child's name, the name of the medication, the dose of the medication, how often the medicine may be given, the conditions for use, and any precautions to follow. Designated staff will administer medications required for emergency treatment only if authorized by a parent/guardian and the child's physician.
- Medications will be stored at the recommended temperature, in a childproof container, in a place inaccessible to children. Medication will be administered in the area where it is stored.
- Medication will not be used beyond the expiration date on the container, or beyond any expiration instructions provided on the label. Expired medication will be disposed if in the recommended manner.
- Comm Kids will not provide or stock any medication. All medications administered will be provided by the parents for their own child.

Parents will be notified immediately if their child suffers any side effect from the medication, or if a medication error or incident occurred. A medication/incident report will be completed by the staff person administering the medication, and co-signed by the director/owner. In the event of an adverse effect or serious allergic reaction, staff will call (EMS) 911 if the child is in distress.

This policy applies to all children, parents, guardians, and providers. It will be reviewed annually at the time of our license renewal in the month of April, and changed or adapted with the recommendations of the licensing agent/director/executive director of our program. This policy is effective immediately as of May 1, 2016 and has been approved by: Maria Wilson, Executive Director.

Child's Name: _____

I hereby allow Comm Kids to administer medication provided by me for my child. I verify that I have read and understand this medication policy, and agree to abide by all regulations set forth in this document.

Printed Name: _____

Parent Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____



Comm Kids Sunscreen Permission Slip

I hereby give permission for my child, _____

To have sunscreen applied at Comm Kids by a member of the Comm Kids Staff.

I understand that I am responsible for providing sunscreen for my child at the appropriate times, should I desire it to be applied. I will make sure sunscreen is clearly labeled with my child's name.

All sunscreen will be returned to parent/guardian when requested, or upon its expiration.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Witness Signature: _____ Date: _____



Comm Kids Photo Release Form

Child's Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

_____ I do give permission for my child's photo to appear on the Comm's website and social media accounts, all Comm Kids social media accounts, in local newspapers and for any other promotional materials.

_____ I do not give permission for my child's photo to appear on the Comm's website and social media accounts, all Comm Kids social media accounts, in local newspapers and for any other promotional materials.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed: _____



Comm Kids After School Transportation Permission Slip

My Child: _____ has
permission to be transported by car or van from

_____ School by a member of the
Waverly Community House or Comm Kids Staff who is 26 years of age or older, to
the Waverly Community House, 1115 N. Abington Rd. Waverly, PA to attend the
Comm Kids After School Program. I understand that he/she will be under the
supervision of the Waverly Community House and Comm Kids After School staff at
all times.

Release: I/we do not, will not hold any individual associated with Comm Camp, The Waverly Community
House, Board of trustees, Waverly Township, or the Comm Kids After School Program responsible for
any accidents or injury incurred by my child while participating in this program.

Name of Student: _____

Parent/Guardian

Signature: _____

Date: _____ Phone: _____



Illness Exclusion Policy

At Comm Kids, we believe that ill children need special care that may require exclusion from the group setting. The decision to exclude a child from care will be based on whether there are adequate facilities and staff available to meet the needs of both the ill child and the other children in the group. The childcare provider, not the child's family will make the final determination whether the acutely ill child can receive care in the child care program.

CHILDREN WILL BE EXCLUDED IF:

- The child's illness prevents the child from participating in activities that the facility routinely offers for well children.
- The illness requires more care than the child care staff is able to provide without compromising the needs of other children in the group.
- The child has any of the following that may indicate a contagious disease or an immediate need for medical evaluation:
 - Fever of 101 degrees or higher, and/or behavior changes or other signs and symptoms.
 - Signs or symptoms of a possible serious condition, such as vomiting or diarrhea, pink eye, etc.
- Parents will be notified first if the child meets criteria for exclusion. If unable to reach the parents at home, work, or by cell, the emergency contact person will be notified. The child must be picked up as soon as possible/ or in no more than one hour from the time of notification. Failure to pick up child as specified in this policy will result in possible expulsion from the program.
- If a child is sent home from with a high fever, or symptoms of a contagious illness such as diarrhea or vomiting, the child may not return to the facility

for at least 24 hours. (Child must be fever free for 24 hours before returning to the facility.)

- If your child has a highly contagious illness such as pink eye, lice, hand foot mouth disease, etc., please notify the center immediately. Your child may not return without a doctor's not stating that they are no longer contagious.

This policy was approved by: executive director/director/licenser/insurance carrier.

I have read, understand, and agree to abide by the illness policy of Comm Kids.

Child's Name: _____

Parent's Name: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____



Participant, Student, and Guest Code of Conduct

We expect persons using the Waverly Community House programs and facilities to behave in a mature and responsible way, and to respect the rights and dignity of others. Our code of conduct does not permit language or any action that can hurt or frighten another person, or that falls below a generally accepted standard of conduct.

The following activities are prohibited in all Waverly Community House and Comm Kids facilities and programs:

- Inappropriate communication, either verbal or written.
- Unduly disruptive behavior.
- Insubordination or defiance of authorized program supervisor
- Inappropriate attire. Appropriate attire must be worn at all times.
- Angry or vulgar language, including swearing, name-calling, or shouting.
- Physical contact with another person in any angry or threatening way.
- Any demonstration of sexual activity or sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any menacing behavior.
- Theft or behavior that results in the destruction of property.
- Carrying or concealing any weapons, or devices or objects that may be used as weapons.
- Using or possessing illegal chemicals or alcohol on Waverly Community House property or at Comm sponsored programs.
- Any other conduct of an inappropriate, threatening, or offensive nature.
- Smoking is not permitted.

Members, participants, and guests are encouraged to be responsible for their personal comfort and safety, and to ask any person who threatens their comfort to refrain. If a member, participant or guest feels uncomfortable in confronting the person directly, they should report the behavior to the Comm Kids director, or another staff person.

A member, participant, or guest who is in violation of the code of conduct could be subject to consequences including suspension or removal from a program or activity including any Comm Kids Programs.

Having received and reviewed this Code of Conduct, I agree to participate in Comm Kids Programming knowing that if I do not abide by these rules, I may be removed from participating in the program.

Student: _____

Parent/Guardian: _____ Date: _____



Dear Parents,

Please help your child's teacher get to know you, the parents, by filling out this form. Do not answer any questions that you are uncomfortable answering. All information will be confidential and will be used only by your child's teacher in planning for his/her development or projects. Thank you!

Child's Name: _____

Mom/Guardian 1

Name: _____ Email: _____

Cell Phone: _____ Best way to reach you: _____

Work and job title: _____

Favorite color, hobbies, sports team, etc:

Dad/Guardian 2

Name: _____ Email: _____

Cell Phone: _____ Best way to reach you: _____

Work and job title: _____

Favorite color, hobbies, sports team, etc:



Dear Parents,

Please help your child's teacher get to know him/her by filling out this form. Do not answer any questions that you are uncomfortable answering. All information will be confidential and will be used only by your child's teacher in planning for his/her development or projects. Thank you!

Child's Name: _____ Nickname: _____

Brothers/sisters: _____

He/She lives with _____ both parents, _____ 1 parent, _____ time split between two parents.

Other adults in the home (Name & Relation):

Please circle any words that may describe your child:

Uses self-control

Independent

Pleasant

Disagreeable

Attentive

Follows Directions

Confident

Shy

Lack of Self Control

How do you know your child is upset? What does your child do when he/she is mad? Sad? Frustrated? What comforts your child?

How do you discipline your child?

Does your child have any fears?

Nervous habits?

Favorite play activities?

Enrolled in any special groups (dance, soccer, t-ball, etc.)?

Do you have any family traditions? Are you agreeable with your child participating in special days such as holidays, birthdays, etc.?

Is there anything else you would like to share about your child?

THANK YOU for completing this to help us get to know your child a little better, and for being a part of our Comm Kids Family!



Emergency Plan Protocol for Parents and Caregivers

To: Parent or Guardian

This letter is to assure you of our concern for the safety and welfare of children and youth at all Comm Kids programs. Our Emergency Plan provides for a response to all types of emergencies. Depending on the circumstances of the emergency, we will use one of the following protective actions:

- **Immediate evacuation:** Children and youth are evacuated to a safe area on the grounds of the facility in the event of a fire or other hazardous situation. In case of inclement weather, we may then proceed indoors at a nearby facility.
 - **Safe Havens:** Waverly United Methodist Church and Waverly Elementary School
- **In place sheltering:** Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. Depending on the immediacy of the emergency, we may shelter at the Waverly Community House, or we may move to a more protected area within the building.
- **Relocation:** Total evacuation of the facility may become necessary if there is a danger in the neighborhood or if the building becomes unsafe. In this case, children and youth will be taken to another facility.
 - If it ever becomes necessary to relocate for any reason, a sign will be posted on the door and parents will be notified via our Facebook page, and through our Remind text notification service.
- **Modified Operation:** May include cancellation/ postponement or rescheduling of normally scheduled activities. These actions are taken in case of a winter storm or building problems (such as interruption of utility

services) that make it unsafe for children, but may be necessary in a variety of situations.

- Please follow us on Facebook (Comm Kids After School), sign up for our Remind text notification system, (text @commki to 81010 or 817-489-9898) check our website (www.waverlycomm.org) or listen to WNEP OR WBRE for announcements relating to any of the emergency actions listed above.

We ask that you do not call during an emergency. This will keep the main telephone line free to make emergency calls and relay information. When we have reached a stable and safe situation, we will notify you of any changes in your child's circumstances. For this reason, it is important that you continue to ensure that the contact information we have for you is current.

In order to ensure the safety of your children and our staff, we ask for your understanding and cooperation regarding this matter. Should you have any additional questions, please contact Maria Wilson, Executive Director at 570-586-8191 Ext 1, Comm Kids at Ext 6, or Kathy Wright at Ext 2.

Sincerely,

Maria Wilson

Executive Director