



WESTMINSTER

Dear Summer Camp Parents,

Thank you so much for choosing the City of Westminster Summer Camp program!

Registration begins January 2 for the Weekly Option (4 or 5 days/week). To register you can either go to or call one of the recreation centers or call Cindy. The parent manual and all of the required forms to complete your Summer Camp registration are attached. **Paperwork is due at the time of registration.**

**New this year** - You can now register online starting March 15 for the Daily Option based on space availability, but will need to turn in all the required paperwork first.

**Camp Hours:** New this year, camp hours will be 6:45 am to 6:15 pm with no extended day fee. Camp activities will run from 8:30 am to 4:30 pm daily.

We are looking forward to a great summer with you and your child(ren)!! If you have any questions or concerns feel free to call me at 303-658-2219. We look forward to seeing you at the parent meetings on either Sunday, May 18th or Tuesday, May 20th!

Sincerely,

Cindy McDonald  
Recreation Specialist Youth/Teen Programs

# City of Westminster 2014 Summer Camp Parent Manual



All Parent Meetings will be held at  
City Park Recreation Center  
May 18th and May 20th.  
More details on page 2.



WESTMINSTER

## SUMMER CAMP PROGRAM GOAL

The goal of the Westminster Summer Camp is to provide a safe and fun camp for area children that builds self-confidence and enhances self-esteem.

## PROGRAM OBJECTIVES

- To provide a safe, accepting, inclusive and caring community for all children.
- To provide a program that offers a variety of activities that meet all participants needs and interests while encouraging the development of new skills.
- To encourage and develop new friendships.
- To help children develop and use their problem solving skills and when necessary provide positive discipline techniques.
- To contribute to the development of physical growth, creativity, self-concept, social awareness and intellectual curiosity in children.

**"We cannot always build the future  
for our youth, but we can build our  
youth for the future."**

**- Franklin D. Roosevelt**

## PROGRAM INFORMATION

### MANDATORY PARENTS MEETING:

ALL CAMP SITE MEETINGS WILL BE HELD AT CITY PARK RECREATION CENTER

Sunday May 18, 2014

New Campers: 2:00pm

Returning Campers: 3:00pm

or

Tuesday May 20, 2014

New Campers: 6:00pm

Returning Campers: 7:00pm

### WESTMINSTER SUMMER CAMP:

The Westminster Summer Camp is a structured recreation program for children. Activities include: arts and crafts, active games, sports, playgrounds, water games, swimming, and special events.

**Ages:** Adventure Camp: **Age 6-9** (5 year olds **must** have completed kindergarten)  
Ultimate Adventure Camp: **Age 10-Age 14** \*This camp is offered at City Park only\*

**Dates:** City Park: May 27 - August 14  
Countryside: May 27 - August 8

**Days:** Monday-Friday

**Time:** 6:45 am - 6:15 pm daily. Please arrive by 8:30 am for field trip days!!

**Camps:** City Park Rec (CP): 10455 Sheridan Blvd. Pavilion by soccer fields  
Countryside Rec (CS): 10470 Oak St.

### DROP OFF AND PICK UP:

\*City Park Camps meet at the circle drive drop off, weather permitting. If your child signs him/herself in and out, you may use the circle drive. If your child requires an adult sign in and out, please park in the main recreation center parking lot.

\*Countryside Camps meet inside the Recreation Center

### DAILY SUPPLIES EVERY CAMPER SHOULD BRING:

Water Bottle

Healthy Lunch and Snack

\*There is no refrigeration on site so lunches need to be in insulated coolers.

Tennis Shoes

Sun hat, visor, or baseball cap

Sunscreen (if not part of the Summer Camp plan) - details on page 9

Swim Gear on designated swim days

Camp T-Shirts on trip days and any other designated day

\*Please label all supplies and provide a bag to store supplies.

### REQUIRED PAPERWORK AT TIME OF REGISTRATION

EMERGENCY CARD COMPLETELY FILLED OUT AND SIGNED

CHECKLIST COMPLETED AND SIGNED

CITY WAIVER

IMMUNIZATION RECORDS

MEDICATION FORMS IF NEEDED

**\*\*Paperwork can be EMAILED to Cindy at [cmcdonal@cityofwestminster.us](mailto:cmcdonal@cityofwestminster.us) or  
DROPPED off at the recreation center\*\***

Forms are available online at [www.cityofwestminster.us](http://www.cityofwestminster.us); click on park/rec under Newsletters.

### REFUND/CANCELLATION POLICY:

Full refund will be given to families who make changes or cancellations prior to **May 1st**. After May 1st, a 50% refund will be given if any change, cancellation, or transfer is given two weeks in advance. If notice of cancellation, change, or transfer is given less than two weeks in advance, no refund or credit will be given. Fees will not be pro-rated or refunded for vacations, sick days, or suspensions and dismissals for behavioral problems. The \$40 registration fee will **not** be refunded.

## COMMUNICATION/SECURITY PROCEDURES

### SIGN IN/OUT:

Please be prepared to present a photo ID when signing out children, as the same camp staff won't always be present at the sign out table. Parents/Guardians must note on the emergency card how their child will be signed in/out. The options are:

\*Walk/Bike (Children have parent/guardian permission to sign themselves in/out of the program) or

\*Adult sign in/out (Parent or anyone named above must come to the site to sign child in/out of the program). Please list all adults who can sign your child in/out of the program on the emergency card. The Summer Camp Staff will require that all adults come in person to the site location with a photo ID and initial the log. For safety reasons, we will not release children to adults waiting in a car or to any person who does not appear on the emergency card or to whom written permission has not been given.

**Please do not send your child early to the park or plan on your child staying late. Staff will not be responsible for your child!** Program hours are Monday-Friday 6:45 am - 6:15 pm.

### LATE/ABSENT:

If your child is going to arrive late or will be absent from the program, please call the camp cell phone by 7:30 am to notify the staff. Please be ready to leave the following information:

1. Child's name
2. Your name and a phone number where you can be reached
3. The date(s) of absence or when your child will arrive if late

If your child arrives late to the program, and the group is not present, please contact the front desk of your recreation center. If arrangements can not be made to catch up with the group the Summer Camp Leader should be notified on their cell phone to discuss the best plan of action. Remember to refer to your newsletter to avoid these situations.

**Staff will contact the parents and/or appropriate emergency numbers, approximately 45 minutes after the program starts, if they have not been informed of the child's tardiness or absence.**

### VACATION:

Please inform the Summer Camp Leader if your child will be on vacation or will miss a day of the program. Program fees are not pro-rated for absences.

### EARLY DISMISSAL:

Please send a note giving specific information if your child needs to leave early. If someone other than the parent will be picking up the child, indicate the name of the person and the time they will be picking up the child. **Children cannot be released early to anyone other than the parent/guardian without this written notice.**

Some children participate in activities during program hours or immediately after the program ends. Please provide the staff with a note giving your child permission to sign themselves in/out of the program, the activity that they will be attending, the duration and length of the activity, if and when your child will return to the program, and any other beneficial information. Due to limited staffing, program staff will be unable to walk/escort your child to any activity outside of normal summer camp activities.

## COMMUNICATION/SECURITY PROCEDURES

### IDENTIFYING WHERE CHILDREN ARE AT ALL TIMES:

At the beginning of each day, parents/children will sign-in. Parents will be called, starting at 8:45 am, if a child has not been reported as absent and has not arrived to the camp by 8:30 am. Once at the program, children will be placed in age appropriate rotation groups with a staff/child ratio no greater than 1:15. Along with head counts throughout the day, a buddy system will be used for everything such as getting drinks, bathroom breaks, and field trips. At the end of each day a parent/child must sign-out. Staff will follow up on any child not signed out to make sure they have made it home safely.

### **Off-Site trips/program:**

Children will be placed in attendance groups and buddy system will be used. Staff members will monitor head counts and a complete attendance will be taken on the bus before departing any location.

### LOST CHILD PROCEDURE:

In the rare occasion that a child goes missing from the program, the following procedure will be used:

1. Staff members will search the area.
2. After gathering all essential information staff will proceed accordingly
3. The Camp Leader will notify the parents and the Site Supervisor that the child is missing.
4. If the child is still not accounted for, 911 will be called.
5. Staff will not depart from field trip site until all children are accounted for.

### VISITOR POLICY:

Visitors to our program will be kept to a minimum. As a safety measure, public users of the camp site will not be allowed to intermingle in the camp program. **The pavilion is reserved for our use, but the playground is for public use.** Participants will not be permitted to bring friends to the program or meet them at the camp site. All visitors to the program will sign in and staff members will inspect and record one piece of identification.

\*Visitors will also be asked to wear a nametag for the duration of their visit. The nametag will be provided by camp staff when visitors sign in and present identification.

## COMMUNICATION/SECURITY PROCEDURES

### LATE PICK-UP:

It is mandatory that your child be picked up at closing time. If your child has not been picked up on time, the staff will follow our Late Pick-Up Procedure. Due to State Licensing Guidelines either the Camp Leader or an assigned staff member will stay with your child until they are picked up by an authorized adult. A late fee will be charged at a rate of \$5 for every 5 minutes late.

1. Immediately after program, staff will begin by calling the child's parent.
2. 15 minutes after dismissal, staff will call parents a second time and then emergency numbers if parents cannot be reached. Staff will also contact the Camp Director/ Recreation Specialist.
3. 30 minutes after dismissal, staff will try contacting all emergency numbers and then they will update the supervisors again.

### FIELD TRIPS:

Parents give the City of Westminster Summer Camp permission to take children on Field Trips by signing the Emergency Card. By signing the emergency card, parents are agreeing that their child can be transported in one of the following manners: bus, van, and walking. Staff will notify parents in their weekly newsletters of any scheduled field trips. For the safety of each child, participants attending field trips must leave and return with the Summer Camp. Parents who wish to pick up a child early must make prior arrangements with the Summer Camp Leader. While being transported, children will wear seat belts, if available, at all times in City vehicles. When taking a bus, all rules and regulations for riding buses will be followed. Children will be under constant supervision while on Field Trips. Visitors or relatives of the children are not allowed to attend trips; only registered participants and trained staff. In the event of an emergency while on the road, the staff will contact the Camp Director/Recreation Specialist to determine the steps to be taken to ensure the safety of all campers.

### SPECIAL ACTIVITIES/VIDEO VIEWING:

Staff will notify parents in their weekly newsletters of any special activities that do not follow everyday planned activities. Camp sites will have access to movie days or video viewing, but this will be kept to a minimum and requires the Camp Director's approval. Parents will then be notified as to what video will be shown and the rating of the video. They will be either "G" or "PG". Children will be under constant supervision while participating in special activities and video viewing.

### T-SHIRTS:

Each child is required to purchase a program t-shirt the first week of the program. Children must wear these shirts on the Tuesday (teens only) and Thursday trips, and on special event days. A \$10 fee will be charged for replacement shirts if child forgets to bring his/her shirt. This helps readily identify children and the program to which they belong. If the loaner t-shirt is washed and returned to summer camp staff, a \$5 refund will be given.

## PROGRAM POLICIES AND PROCEDURES

### PROCEDURE CONCERNING PERSONAL BELONGINGS AND MONEY:

- \*Participants are asked to not bring any personal property ie; IPODs, MP3 players, Gameboys, PSPs or money to the program. If a participant does bring personal property it will be his or her responsibility. Staff will notify parents through the newsletter if extra money is needed for any activity. Otherwise, additional money is not encouraged.
- \* Cell-Phones are discouraged at camp and must be kept in backpacks if your child needs to have one. Staff members will have cell-phones available to contact your child or visa-versa.
- \*Parents need to label all personal belongings brought to the program. Participants should have a bag labeled with their name to store their belongings. **Any items left behind at the end of each week will be placed in the Recreation Center's Lost & Found and will be subject to their guidelines on returning items.**
- \*Children riding bikes should bring a chain and lock which they are responsible for using. Bikes will be left unattended on field trips. Helmets will be required for children participating in bike/skating/roller hockey activities held at the park sites.

### POLICY CONCERNING MEALS AND SNACKS:

- \*Safe drinking water is freely available to children at all times. However, children should bring a full water bottle to the program every day for their use.
- \*Children must bring their own lunches and snack to the program. Staff members will check lunches to determine if they meet one-third of the child's daily nutritional needs. If the lunch is not adequate, or the child fails to bring a lunch, the leader will contact the parent to provide a lunch. If the parent cannot be reached, the Site Supervisor will provide a nutritional meal for the child, and the parent WILL BE CHARGED \$5.00.
- \*On occasion, participants or staff may want to bring treats/snacks for a party or celebration. These treats/snacks must be prepackaged store bought items.

### POTENTIALLY HAZARDOUS FOODS:

Due to the fact that Camp Sites do not have refrigeration, please be aware of any potentially hazardous foods. These foods are defined as any natural or synthetic food or food ingredient that supports the rapid growth of infectious or toxigenic microorganisms or the slower growth of *C. Botulism*.

A food is potentially hazardous if it is:

- A. Of an animal source such as meat, milk, fish, shellfish, edible crustacea, poultry, or contains any of these products.
- B. Of plant origin and has been heat treated.
- C. Raw seed sprouts.

Please send your children with lunches that are not quickly perishable and don't need refrigeration.

### PARTICIPANTS PERSONAL HYGIENE:

Each child will be instructed to wash hands with soap and water before meals and after using toilet facilities. All toiletry items, such as combs/hairbrushes must be labeled with the child's name and shall not be shared with other participants.

A child's wet or soiled clothing will be changed promptly. We have sweatpants and underwear available that parents must return the next day after laundering. Staff members will also call parents to supply a change of clothing if needed.



# PROGRAM POLICIES AND PROCEDURES

## ILL CHILD POLICY:

If a child becomes too ill to remain at the program, staff will call to have a parent pick them up immediately. The child will be separated from the group and provided a mat and blanket until the parent arrives.

## COMMUNICABLE DISEASES and ILLNESS POLICY:

Communicable diseases include, but are not limited to, the following: hepatitis, measles, mumps, meningitis, diphtheria, rubella, salmonella, tuberculosis, giardia, or shigella.

If a child shows signs of severe or communicable illness parents will be called immediately. The child will be separated from the group and given a mat and blanket if wanted.

We ask that parents notify the staff if their child has been diagnosed with a communicable illness. The Recreation Specialist will notify the local Health Department, staff members, and all parents of the participants enrolled at that site if further action is necessary. The child's confidentiality will be maintained at all costs.

## PARTICIPANT EXCLUSION:

Parents can choose to exclude their child from participating in any activity. Please indicate in the appropriate place on the emergency card the activities you wish to have your child excluded from. When possible an alternate activity will be provided. If we cannot accommodate your child in an alternative activity, we may require that you keep your child at home on that day.

## VIDEO AND PHOTOGRAPHY:

Participants in any public facility or program may be photographed or video taped for use in city publications or promotional materials. Please inform the staff in writing if there are legitimate reasons why your child should not be photographed.

## REPORTING ABUSE:

Employees who work with children are required by law to report suspected abuse or neglect. The staff will call the Camp Director/Recreation Specialist and advise them of the situation. Then the employee will call Social Services and/or the Police Department and report the suspected abuse/neglect. Social Services/Police Department will determine the next course of action.

## COMPLAINTS:

Complaints regarding suspected licensing violations must be reported to  
Colorado Department of Human Services Division of Child Care  
1575 Sherman Street, Denver, CO 80203-1714  
303-866-5958

Complaints regarding the actual program need to be reported to the following:

Recreation Specialist	Program Director
303-658- 2219	303-658-2200

# EMERGENCY/WEATHER PROCEDURES

## **EMERGENCY POLICY (INCLUDING ACCIDENTS AND INJURIES):**

In the event of a medical emergency, accident, or injury, the parent will be notified. If needed, 911 will be called and paramedics will determine if transport to a hospital is necessary. A staff member will go to the hospital until a parent arrives. Parents must complete the section on the emergency card which gives the Summer Camp Program permission to secure medical attention and transport if the parent cannot be reached and the condition of the child warrants medical observation.

## **INCLEMENT WEATHER/EXCESSIVELY HOT WEATHER POLICY:**

The Summer Camp is an outdoor/indoor program. In the case of inclement weather, steps will be taken to insure your child's safety. The following procedures will be followed:

1. Children will be kept under the pavilion shelter or inside.
2. If extreme weather persists, a decision will be made to cancel programs.
3. Parents will be called to pick up their child or they will give their permission to have their child released to walk or bike home.
4. If weather is too severe for safe passage, parents will be asked to pick up all children at a safe location.

## **EVACUATION PROCEDURES:**

Each site is required to have a written evacuation plan in case of natural disaster including, but not limited to, floods, tornados, severe weather, and any unsafe person, animal, or situation that occurs in the park or shelter area.

If staff members decide that an evacuation is necessary, the following procedure will be used.

1. Call 911 if deemed necessary
2. Children will be notified of the need for evacuation by blowing whistle three times.
3. Staff will move children as a group in an organized manner to a predetermined safe location.
4. Once participants and staff are safe and secure, the Camp Director and Recreation Specialist will be notified of evacuation, the location, and status of the group.
5. Camp director and Recreation Specialist will determine the next steps such as notifying parents, possible emergency transportation, and discussion of further procedures for responding to the crisis.
6. Camp sites will conduct evacuation/tornado drills every other week.

## STORING AND ADMINISTERING MEDICATION

### STORAGE OF MEDICATIONS:

Medications will be in a locked box and dispensed by a staff member at the appropriate time according to the dosage marked on the container. A written record of all medication dispensed is required and no medication may be kept with participants. **Written permission from the child's doctor must be on file before prescription medication can be dispensed.**

Medication must be kept in the original container. Prescription medicine containers must bare the original pharmacy label that shows the prescription number, name of medication, date filled, physicians name, child's name, and directions for dosage. When no longer needed, medications must be returned to parents or guardians, or destroyed.

Medication will be dispensed and a record made only by persons trained in first aid. Staff will be trained prior to administering medication to any child.

The written record of medication administered will include the child's name, date and time the medication was administered, the name and dosage of the medication, and the name or initials of the staff person who administered it.

Children who have asthma will be permitted to carry their own inhalers and use them as directed once written parental consent and authorization of the prescribing practitioner is received.

**\*\*Medications requiring refrigeration cannot be dispensed.\*\***

**\*\*The procedure for storing and administering children's medicines and delegation of medication administration will be in compliance with Section 12-38-132, C.R.S., of the "Nurse Practice Act".**

### SUN PROTECTION:

The camp staff must obtain the parent/guardian's written authorization to apply sunscreen on an emergency basis to their children's exposed skin. This authorization is on the emergency card.

### Sunscreen Program

The City of Westminster Summer Camp is proud to announce that we will be providing Sunscreen for all summer campers! We will be providing Rocky Mountain Sunscreen SPF 30 sunscreen, and we will have the children apply the sunscreen throughout the day. There is no additional fee for this as the \$40 non-refundable registration fee covers the cost. If you do not wish for your child to use this sunscreen, please provide your child with their own labeled sunscreen that he/she may use.

If you have any questions about our sunscreen please contact the Camp Director or Program Specialist.

It is also recommended that children bring a sun hat, visor, or baseball cap everyday.

# DISCIPLINE AND BEHAVIOR MODIFICATION

## DISCIPLINARY GUIDELINES:

Discipline will be appropriate and constructive or educational in nature such as:

Diversion-redirect child to an appropriate activity

Separation of the child from the situation

Talking with the child about the situation

Praise for appropriate behavior

Children will not be subjected to physical or emotional harm or humiliation.

Staff members will not use corporal or other harsh punishment.

Separation will be brief and appropriate for the child's age and circumstance.

Children will be within hearing and vision range of a staff member.

Authority to discipline will not be delegated to other children or volunteers.

## USE OF INDIVIDUAL BEHAVIOR PLAN (if applicable):

To ensure your child's success at summer camp, please provide the camp supervisor with information and/or documentation regarding an existing individual behavior plan that is being used at your child's school. Consistency and stability will yield the most positive results for your child and for the camp as a whole. Providing an existing individual behavior plan form does not guarantee all interventions are feasible. However, providing this information does guarantee a better understanding of your child's needs.

## DISCIPLINARY ACTION PLAN:

Minor behavior problems:

Child will be separated from the group.

The camp staff and the child will determine when the child is able to return to the group.

The camp staff will log the incident and what means of discipline were used.

Major behavior problem or continued inappropriate behavior:

Child will be separated from the group.

The staff and child will reflect upon the behavior and decide on problem-solving strategies.

The staff member will notify parents and discuss their child's behavior and what the next steps will involve. These steps could include a parent/child and staff conference or behavior modification contract

If a child breaks the contract, or if the safety of others is at risk, staff will contact the Site Supervisor. The Site Supervisor, in consultation with the Recreation Specialist, will decide whether to suspend the child temporarily from the program or whether the child should be removed from the program entirely. A parent or guardian is required to pick up their child in a timely fashion if they are unable to adhere to the disciplinary plan and/or determined by staff to pose a safety risk. The registration fee will not be pro-rated or refunded.

# CHILDREN WITH SPECIAL NEEDS POLICY

## **AMERICANS WITH DISABILITIES ACT:**

Westminster welcomes everyone to participate and enjoy programs and facilities regardless of race, color, religion, gender, national origin, age, or disability. If your child has a disability and you would like to request special accommodations, please contact the Recreation Specialist at 303-658-2219 at least 24 hours prior to your first day of participation, and preferably two weeks prior.

The City of Westminster supports the Americans with Disabilities Act and strives to comply with all aspects of the law to ensure barrier-free participation. This includes extra staffing support, modified games and activities, and strong parent communication. It is our goal to make this a positive experience for all camp participants regardless of physical or emotional disabilities.

## **DISABILITY BUDDY SYSTEM:**

In some situations we encourage a disabled person to bring their own able bodied buddy for assistance in programs. The disabled person pays the regular price and the buddy is admitted free (a trip fee may be assessed). If the buddy is over 18 years of age, a background check will be required.

## **ASSESSING SPECIAL NEEDS:**

Child care programs are required to make an individual assessment about whether it can meet the particular needs of the child without fundamentally changing the program. There may be situations where we are unable to accommodate a special needs child. Upon registration, parents with children with special needs will need to provide an existing individualized healthcare plan for the child that can be reviewed to determine whether the Summer Camp Program can meet the needs of the child.

The individualized healthcare plan shall include the following, as needed, for the child and must be signed by the health care provider:

1. medication schedule
2. nutrition and feeding instructions
3. medical equipment or adaptive devices, including instructions
4. medical emergency instructions
5. toileting and personal hygiene instructions

## **CONSIDERATIONS BEFORE ENROLLING A SPECIAL NEEDS CHILD:**

Though our program is state licensed, please consider the following limitations of our day camp program before enrolling your special needs child.

1. Limited hand washing facilities\*\*
2. Limited restroom facilities\*\*
3. Warm water is unavailable
4. Food preparation is not allowed due to health concerns
5. Refrigeration is unavailable
6. Many activities are held outdoors and camp participants are exposed to sun
7. Field Trips are held off-site and can be a difficult transition for many special needs children

The Recreation Specialist will determine which campsite will be most appropriate for the child.

\*\*Limited hand washing and restroom facilities due to the fact camps are mobile and not always at the recreation center.

# Anti-Bullying

## City of Westminster Summer Camp Anti-Bullying Policy

### **Caring Community**

Creating a "caring community" is one of the goals of the City of Westminster summer camp program. In order to achieve our goal, we will be working together to learn more about problems many young people face such as peer pressure, conflict, and bullying. Staff, camp participants, and parents all play an important role in helping to create a caring camp community, one in which all campers feel valued and safe.

The City of Westminster Summer Camp Program is committed to:

- \*creating a "caring community" of students, staff and parents
- \*promoting a positive camp climate
- \*teaching skills and strategies to avoid victimization and promote empowerment

**Bullying is not tolerated in the City of Westminster Summer Camp.**

\*If you believe your child is being bullied:

1. Please notify the the appropriate camp supervisor immediately.
2. Make sure your child knows that if he/she is feeling bullied or unsafe he/she should notify any staff member right away.
3. Any concerns may be brought to Cindy McDonald at 303-658-2219 or [cmcdonal@cityofwestminster.us](mailto:cmcdonal@cityofwestminster.us).

\*If your child is doing the bullying:

1. First Offense: Your child will be given a "think sheet" to complete. This will encourage camp participants to think through their actions and will encourage them to determine a more appropriate behavior. A staff member will contact you to discuss the incident and review the "think sheet."
2. Second Offense: Your child will be suspended from camp for the remainder of the day and you will be contacted to pick up your child from camp in a timely manner. Depending on the severity of the incident, your child may be suspended for additional days as determined by the Camp Director and Recreation Specialist.
3. Third Offense: Your child will be required to leave the program.

**Each situation will be dealt with on an individual basis, but staff will adhere to this policy as closely as possible.**

## LETTER FROM THE DEPARTMENT OF HUMAN SERVICES

Dear Parent:

Your child was recently enrolled in a child care program that is licensed by the Colorado Department of Human Services. The license indicates that the program has met the required standards for the operation of a child care facility. If you have not done so, please ask to see the license.

Most licensed facilities make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasions, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance from your county department of social services. The telephone numbers to report child abuse are:

Jefferson County Dept. of Social Services  
900 Jefferson County Pkwy, Golden, CO 80401  
303-271-4357

Colorado requires that child care providers report all known or suspected cases of child abuse or neglect.

Child care services play an important role in supporting families. Strong families are the basis of a thriving community. Your child's educational, physical, emotional, and social development will be nurtured in a well planned and run program. Remember to observe the program regularly, especially regarding children's health and safety, camp equipment and play materials, and staff. For additional information regarding licensing, or if you have concerns about a child care facility, please consult:

Colorado Division of Child Care  
1575 Sherman Street, First Floor  
Denver, CO 80203  
303-866-5958

For any direct program concerns or comments please contact:

City of Westminster  
4800 West 92nd Avenue  
Westminster, CO 80031  
Cindy McDonald - Recreation Specialist  
303-658-2219

Peggy Boccard - Recreation Services Manager  
303-658-2211

# Camp Wish List

Parents we are always looking for more supplies to use for great projects with your kids. Below is a wish list of things we could really use at Summer Camp. If you would like to purchase any of these items for Summer Camp we would greatly appreciate it.

- \*\*Pens\*\*
- \*Pencils
- \*Crayons
- \*Markers
- \*Colored Pencils
- \*Glue
- \*Scissors
- \*Tape (Scotch, packaging, duct)
- \*Paper (Construction, notebook, white)
- \*Facial Tissue and/or Paper Towels
- \*Pre-Packaged Snack Items (enough for 50 participants)
- \*Pre-Packaged Drink Items (enough for 50 participants)

In addition, we are constantly looking for household items that may be discarded. These items include:

- \*Magazines
- \*Toilet Paper Rolls
- \*Paper Towel Rolls
- \*Empty Kleenex/ Tissue Boxes
- \*Empty Plastic Waterbottles (please wash then out before bringing them!)





# 2014 Summer Camp Registration Form

Primary Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Childs' Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Child's Age: \_\_\_\_\_

### REGISTRATION OPTIONS

- Location:  City Park Youth Summer Camp (Age: 6-9) (Kindergarten completed)  
 Countryside Summer Camp (Age: 6-14) (Kindergarten completed) (5/27/14-8/8/14)  
 City Park Pre/Teen Summer Camp (Age: 10-14)  
 T-Shirt Size - YS YM YL AS AM AL AXL (circle one)

Registration Fee-\$40 Mandatory Fee: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Weekly Option (Circle weeks needed) Fee: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_  
must register for 4 or 5 days

Youth Daily Option (Circle dates needed) Fee: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_  
 Mon  Tue  Wed  Fri

Youth Field Trips Thurs (Circle Dates needed) Fee: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

JUNE				
MON	TUE	WED	THU	FRI
May	27	28	29	30
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

JULY				
MON	TUE	WED	THU	FRI
	1	2	3	
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

AUGUST				
MON	TUE	WED	THU	FRI
				1
4	5	6	7	*8
11	12	13	**14	

\*Last Day at Countryside

\*\*Last day of Camp

Signature: \_\_\_\_\_


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

Credit Card Number: XXXX-XXXX-XXXX- \_\_\_\_\_ Exp: \_\_\_\_\_ Card Type: VS MC DS AX

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Payment Plan: \_\_\_\_\_

E-Mailed Parent Packet: \_\_\_\_\_ Hard Copy Parent Packet: \_\_\_\_\_

**Summer Camp Emergency Card 2014**

For Staff use only:  
**UPLOADED**  
 to iPad 

**Child's Name** \_\_\_\_\_ Birth Date \_\_\_\_\_ Female \_\_\_ Male \_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer's Address \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer's Address \_\_\_\_\_

Special instructions for reaching parents/guardians \_\_\_\_\_

**Emergency Contact** other than parent/guardian who will be contacted and can assume responsibility in an emergency if parent/guardian is unreachable. Please be aware if you are unable to pick up your child that emergency contacts will be notified.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Name(s) of person(s) other than the parent to whom the child may be released**

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

**My child has permission to: (Please select one)**

- \_\_\_\_\_ Walk/Bike (Children have parent/guardian permission to sign themselves in/out of the program)
  - \_\_\_\_\_ Adult Sign in/out (Parent or anyone named above must come to pavillion to sign child in/out of the program)
- \*Adults not known by staff must be prepared to provide a picture I.D. for safety reasons.

**Release to Transport to a Medical Facility**

In case of serious illness or injury, when neither parent/guardian can be reached, I give permission to the City of Westminster Adventure Program to transport my child to the nearest medical facility. **Hospital preferred and address** (does not guarantee child will be taken there in an emergency)

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

**Release to Secure Medical Treatment**

I hereby give permission to the City of Westminster Adventure Program to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named program. All expenses of such care will be accepted by the parent/guardian.

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

**Specific Medical Information**

**Allergies** \*\*If your child has an allergy to food or insects or needs an inhaler for respiratory emergencies we will require either physicians orders and medication to complete the physicians order or a refusal form signed by parent and physician that emergency medication is not required at camp.\*\*

\_\_\_\_\_

\_\_\_\_\_

**Known drug reactions** \_\_\_\_\_

\_\_\_\_\_

**Medications being taken** \_\_\_\_\_

\_\_\_\_\_

**\*\*Medication Permission Slip must also be completed for staff to administer any medication\*\***

**Other medical conditions** \_\_\_\_\_

\_\_\_\_\_

**Physician Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance** \_\_\_\_\_ **Group Number** \_\_\_\_\_

**Dentist Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance** \_\_\_\_\_ **Group Number** \_\_\_\_\_

**Release to Apply Sunscreen**

If the City of Westminster Youth/Teen Program determines that my child is in need of sunscreen, due to outdoor activities, I give my permission for them administer the following sunscreen: ESP SPF 30.

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

**Release for Field Trips**

I hereby give permission to the City of Westminster Youth/Teen Program to take my child on field trips, in which they would be transported by one of the following: bus, van, public transportation, or walking.

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

**Release for Swimming Trips**

My child has permission to participate in scheduled swimming trips.

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

My child's swimming ability is

- \_\_\_\_\_  Advanced - Very good swimmer. Will be allowed in deep water.
- \_\_\_\_\_  Intermediate - Swims a short distance with head under water.
- \_\_\_\_\_  Beginner - Dog paddles or basic stroke.
- \_\_\_\_\_  Not a swimmer - Needs to remain in shallow water.

Last lesson passed (if applicable) \_\_\_\_\_

**Program Exclusions**

My child is permitted to participate in all program activities except the following activities:

\_\_\_\_\_

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

# Parent / Guardian Checklist for

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

Parent/Guardian  
Initials

Please submit with registration paperwork

I understand that **all** paperwork, including a copy of my child's immunization record, emergency card, release waiver, medical forms (if needed), one recent photograph, and this checklist needs to be submitted at the time of registration. It is preferable to have paperwork submitted electronically, however, you can also turn it in at the front desk at the rec center. Please email any information to **cmcdonal@cityofwestminster.us**.

**\*\*Please be aware if your child has medical conditions that would require our nurse consultant to delegate to our staff we will need 1 month advanced notice to plan and meet with you and our nurse consultant.\*\***

I am aware that a \$5 processing fee will be assessed if any change, cancellation, or transfer are done prior to May 1. If you give two weeks notice 50% credit will be given. If notice of cancellation, change, or transfer is given less than two weeks in advance, no refund or credit will be given. Fees will not be pro-rated or refunded for vacations, sick days, or suspensions and dismissals for behavioral problems. **The \$40 registration fee will not be refunded.**

I am aware that my child must wear their camp T-shirt on field trips and off-site days. I understand a \$10 fee will be charged for a replacement shirt if my child forgets to bring his/her shirt or a rental shirt will be given for a fee of \$10. If the rental t-shirt is returned washed to summer camp staff, a \$5 refund will be processed.

I understand that my child will need a nutritious sack lunch with a drink daily. If my child does not bring a sack lunch or that sack lunch does not meet the nutrition guidelines as stated in the State of Colorado Childcare Licensing Rules and Regulations, I may be charged \$5 for the City supplementing or supplying my child's lunch.

I understand that emergency info will be stored securely on iPads readily available to camp staff. Paper copies will be kept on site in case of an emergency as backup.

I have received, and read my copy of the Parent Manual and I understand all camp policies.

(Attach Recent Photo  
here)

Parent/Guardian Signature

\_\_\_\_\_

Date \_\_\_\_\_

**RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION FOR SUMMER CAMP ACTIVITIES AND TRIPS OFFERED BY THE CITY OF WESTMINSTER PARKS, RECREATION & LIBRARIES DEPARTMENT (THE “ACTIVITY”)**

I, ON BEHALF OF MYSELF AND MY CHILD, IN CONSIDERATION FOR PARTICIPATION IN THE ACTIVITY, HEREBY RELEASE AND WAIVE ANY CLAIM OF LIABILITY AGAINST THE CITY OF WESTMINSTER, ITS EMPLOYEES, AGENTS OR REPRESENTATIVES, WITH RESPECT TO ANY LOSS, DAMAGE, ILLNESS OR INJURY OCCURRING TO MY CHILD WHILE MY CHILD PARTICIPATES IN THE ACTIVITY, WHETHER THE CLAIM RESULTS FROM THE NEGLIGENCE OF THE CITY, ITS EMPLOYEES, AGENTS, OR REPRESENTATIVES, OR FROM SOME OTHER CAUSE.

I understand there are numerous risks associated with participation in the Activity, and I recognize that all recreational activities involve physical activity and physical exertion. Whether done individually or in groups, the Activity includes the risk of serious bodily injury, including permanent disability, paralysis and death. These injuries may be caused by my child’s action or inaction, the action or inaction of other participants or the instructor, or the conditions in which the Activity takes place. Equipment used may break, fail or malfunction, despite reasonable maintenance and use. Some of the equipment used in the Activity may inflict injuries even when used as intended. Many but not all of these risks are inherent in this and other activity. These are some, but not all, of the risks inherent in the Activity; a complete listing of inherent and other risks is not possible. There are also risks that cannot be anticipated.

I further understand that I am legally responsible for my child’s actions, including, but not limited to, any damage to private or public property and/or personal injury or death that my child causes; and that I am legally responsible for my child’s welfare and actions, including personal needs and medical expenses.

I understand that instructors use their best judgment in determining how to assess risk and skill level and how to react to a variety of circumstances including medical emergencies, but that instructors may misjudge such circumstances, an individual's capabilities, the risks involved, or the like.

I ACKNOWLEDGE AND ASSUME THE RISKS INVOLVED IN THE ACTIVITY, AND FOR ANY LOSS, DAMAGE, ILLNESS, INJURY OR DEATH RESULTING FROM SUCH RISKS FOR MY CHILD. I BELIEVE MY CHILD TO BE PHYSICALLY ABLE AND QUALIFIED TO PARTICIPATE IN THE ACTIVITY. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS AND COVENANT NOT TO SUE THE CITY OF WESTMINSTER, ITS EMPLOYEES, AGENTS OR REPRESENTATIVES, WITH RESPECT TO ANY CLAIM THAT MAY BE ASSERTED BY OR ON BEHALF OF ME OR MY CHILD AS A RESULT OF ANY LOSS, DAMAGE, ILLNESS OR INJURY SUFFERED WHILE PARTICIPATING IN THE ACTIVITY.

I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO BE BOUND BY THE TERMS OF THIS DOCUMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Check here if signing on behalf of a person under eighteen (18) years of age:**

On behalf of \_\_\_\_\_ / Relationship to Child: \_\_\_\_\_  
Print Child’s Name

**COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION**

Vaccine		Enter the month, day and year each immunization was given					
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (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	Measles						
Mumps	Mumps						
Rubella	Rubella						
Varicella	Chickenpox					Healthcare Provider Documentation Date _____	Lab Verification Date _____
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

**THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER**

- A) Child Care Up to Date**  
Up to date through 6 months of age for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_
- B) Child Care Up to Date**  
Up to date through 18 months of age for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_
- C) Child Care/Pre-school/Pre-K\***  
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_
- D) Complete for K–5th Grade**  
Up to date for K–5th Grade for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_

\* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

**HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Physician, nurse, or school health authority)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW  
(DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)**

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.  
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

**EXENCIÓN POR RAZONES MÉDICAS:** El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

*Medical exemption to the following vaccine(s):*

*La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):*

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Physician (Médico)

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

**EXENCIÓN POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

*Religious exemption to the following vaccine(s):*

*Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):*

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)

**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

**EXENCIÓN POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

*Personal exemption to the following vaccine(s):*

*Exención por creencias personales de la(s) siguiente(s) vacuna(s):*

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)

## Medication Administration in School

The parent/guardian of \_\_\_\_\_ ask that the school staff give the  
 (Child's name)  
 following medication \_\_\_\_\_ at \_\_\_\_\_  
 (Name of medicine and dosage) (Time(s))  
 to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

The school agrees to administer medication prescribed by a licensed health care provider.

It is the parent/guardian's responsibility to furnish the medication.

The parent agrees to pick up expired or unused medication within one week of notification by staff.

**Prescription medications** must come in a container labeled with: child's name, name of medicine  
 Time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's  
 name. Pharmacy name and phone number must also be included on the label.

**Over the counter medication** must be labeled with child's name. Dosage must match the signed  
 health care provider authorization, and medicine must be packaged in the original container.

**By signing this document, I give permission for my child's health care provider to share information about the  
 administration of this medication with the nurse or school staff delegated to administer medication. \*The first dose of any  
 medication should be administered at home prior to sending it to school.\***

\_\_\_\_\_  
 Parent/Legal Guardian's Name

\_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Work Phone

\_\_\_\_\_  
 Home Phone

### Health Care Provider Authorization to Administer Medication in School

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

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Route: \_\_\_\_\_ To be given at the following times(s): \_\_\_\_\_  
 May repeat medication every \_\_\_\_\_ hours

Purpose of Medication: \_\_\_\_\_

Special instructions (storage, may student carry med, etc.): \_\_\_\_\_

Side effects that need to be reported: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of HCP with Prescriptive Authority

\_\_\_\_\_  
 License Number

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Date

Please ask the pharmacist for a separate medicine bottle to keep at school. Thank you!





# Allergy & Anaphylaxis Action Plan

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Teacher: \_\_\_\_\_



**ALLERGY TO:** \_\_\_\_\_

History: \_\_\_\_\_

Asthma:  YES  NO \*Higher risk for severe reaction

## ◇ STEP 1: TREATMENT

SYMPTOMS:		
GIVE CHECKED MEDICATION(S)		
➤ Suspected ingestion or sting, but <i>no symptoms</i>	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
MILD SYMPTOMS: Itchy mouth, few hives, mild itch, mild nausea/discomfort		<input type="checkbox"/> Antihistamine
MOUTH Itching, tingling, or mild swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
SKIN: Flushing, hives, itchy rash	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
STOMACH Nausea, abdominal pain or cramping, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
‡ THROAT Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
‡ LUNG Shortness of breath, repetitive coughing, wheezing <input type="checkbox"/> Inhaler	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
‡ HEART Weak or thready pulse, dizziness, fainting, pale, or blue hue to skin	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
➤ If reaction is progressing (several of the above areas affected), give	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

‡ Potentially life threatening: give epinephrine first, and then can give antihistamine!

Remember - severity of symptoms can quickly change!

### DOSAGE

**Epinephrine:** inject intramuscularly (check one): **Call 911 if given**

EpiPen or AuviQ® 0.3 mg  EpiPen® Jr. or AuviQ Jr. 0.15 mg

Administer 2<sup>nd</sup> dose if symptoms do not improve in 15 – 20 minutes

**Antihistamine:** give \_\_\_\_\_  
(Medication/dose/route)

**(IF ANTIHISTAMINE HAS BEEN GIVEN, PARENT MUST BE NOTIFIED AND STUDENT PICKED UP FROM PROGRAM)**

**Asthma Rescue** (if asthmatic): give \_\_\_\_\_  
(Medication/dose/route)

**(Remember the student needs a Colorado Asthma plan as well if has Asthma and will need inhaler other than Allergic Reaction)**

Student has been instructed and is capable of self administering own medication.  Yes  No

Provider (print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### **EVEN IF PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS**

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child. **This Health Care Plan will be effective for one school year.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by healthcare provider

◇ **STEP 2: EMERGENCY CALLS** ◇

1. If epinephrine given, **call 911**. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.

2. Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Emergency contacts: Name/Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

a. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

b. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

Emergency Medication located in: \_\_\_\_\_

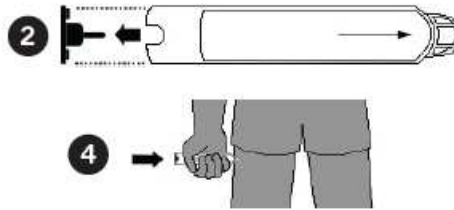
Epinephrine pen expires: \_\_\_\_\_

Antihistamine expires: \_\_\_\_\_

Inhaler expires: \_\_\_\_\_

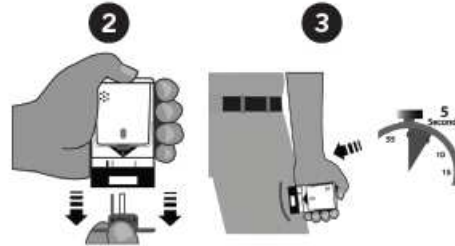
**EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



**AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



Additional information: \_\_\_\_\_

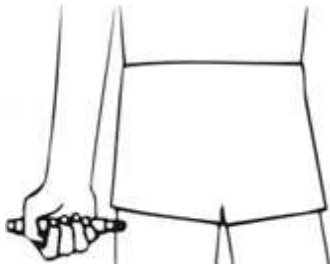
## EpiPen® and EpiPen® Jr. Directions

Expiration date: \_\_\_\_\_

- Pull off blue activation cap.



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**Once EpiPen is used, call 911. Student should remain lying down.**

Medication Administration in School or Child Care  
Nebulizer treatments or inhaled medications

Parent or Guardian Permission

The parent/guardian of \_\_\_\_\_ ask that school/child care staff give the  
(Child's name)  
following medication \_\_\_\_\_ at \_\_\_\_\_  
(Name of medicine and dosage) (Time)

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

- ◆ The Program agrees to administer medication prescribed by a licensed health care provider.
- ◆ It is the parent's responsibility to furnish the medication and equipment and to keep daily emergency contact information up to date.

By signing this document, I give permission for my child's health care provider/clinic to share necessary information regarding the care of my child's health condition with Program staff.

\_\_\_\_\_  
Parent/Legal Guardian's Name Parent/Legal Guardian Signature Date  
\_\_\_\_\_  
Home Phone Work Phone

Health Care Provider Authorization

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

Name of inhaled medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ why give med: (circle) wheezing coughing  
shortness of breath difficult breathing

To be given in school/child care at the following time(s): \_\_\_\_\_ may repeat medicine every \_\_\_\_\_ hours

**Note to health care provider: Specific time and/or interval must be indicated on this form in order for non-medical persons in school/child care to administer medication**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Usual (baseline) respiratory rate for this child: \_\_\_\_\_

Comments: \_\_\_\_\_

**Seek Emergency Medical Care if the child has any of the following:**

- ◆ Respiratory rate greater than \_\_\_\_\_
- ◆ Coughs constantly
- ◆ Hard time breathing with:
  - ✓ Chest and neck pulled in with each breath
  - ✓ Struggling or gasping for breath
- ◆ Trouble walking or talking
- ◆ Lips or fingernails are grey or blue
- ◆ Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider with Prescriptive Authority Phone



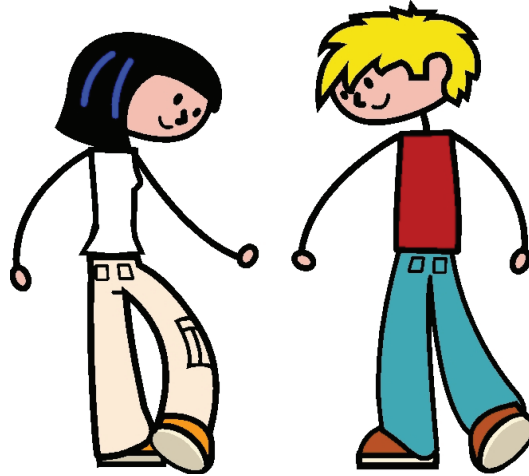
# City of Westminster Adventure Summer Camp Thursday Trips 5-9 years

Dates: May 29 - August 14  
Regular Hours: 6:45 am-6:15 pm, Fees: \$35/\$42

May 29	Denver Zoo & Dairy Queen
June 5	Dicks Sporting Goods Park
June 12	Brunswick Zone & Casa Bonita
June 19	Water World
June 26	Mid Air Adventures and Cinebarre
July 3	Chuck E. Cheese & Big Time Trampoline
July 10	Water World
July 17	Adventure Golf, Joes Crab Shack, Skate City
July 24	Pirates Cove
July 31	Wild Animal Sanctuary, Subway, & AMC Movies
Aug 7	Water World
Aug 14	Aquarium & The Olde Spaghetti Factory

Bring a sack lunch and drink for each trip unless otherwise specified.  
Trips subject to change due to inclement weather.

# City of Westminster Tuesday Trips 10-14 years

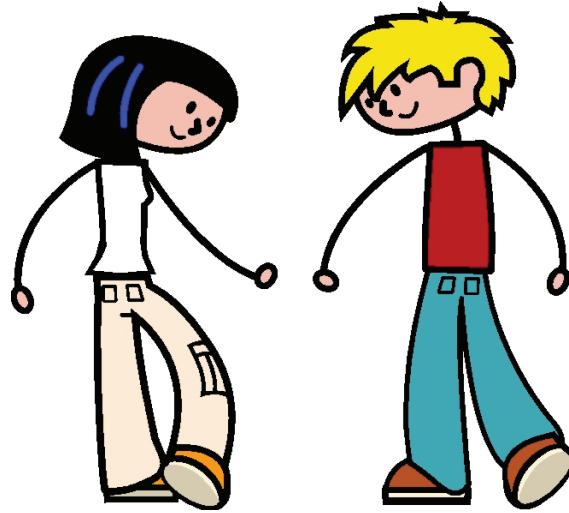


Dates: May 27-August 12  
Normal Hours: 6:45 am-6:15 pm, Fees: \$40/\$48

May 27	The Forney Museum, Brunswick Zone
June 3	The Denver Museum, IMAX & Pizza
June 10	Big Time Trampoline & Casa Bonita
June 17	Boondocks & Joe's Crab Shack
June 24	The Adams Mystery Playhouse & Cinzetti's
July 1	Pirates Cove
July 8	Boulder Reservoir
July 15	Boys & Girls Day
July 22	Westminster Summer Camp Carnival
July 29	Denver Aquarium, Black Eyed Pea, & Skate City
August 5	Red Rocks Tour & Hiking
August 12	Coors Field, The Denver Mint Tour & Subway

Bring a sack lunch and drink for each trip unless otherwise specified.  
Trips subject to change due to inclement weather.

# City of Westminster Thursday Trips 10-14 years



Dates: May 29- August 14  
Normal Hours: 6:45am-6:15 pm, Fees: \$40/\$48

May 29	Celestial Seasonings Tour & Dave and Busters
June 5	Wild Animal Sanctuary, Subway, & AMC
June 12	The Olde Spaghetti Factory & Rockies Game
June 19	Water World
June 26	The Denver Zoo & Dairy Queen
July 3	Boys & Girls Day
July 10	Water World
July 17	Georgetown Train & Museum
July 24	Pirates Cove
July 31	Dicks Sporting Goods Park & Frozen Yogurt
Aug 7	Water World
Aug 14	Adventure Golf, Beau Jo's, & Dairy Queen

Bring a sack lunch and drink for each trip unless otherwise specified.  
Trips subject to change due to inclement weather.