Elizabeth Park and Recreation District

Enhancing our community through parks, programs and service.

Kids Club POLICIES AND PROCEDURES

REGISTER ONLINE AT WWW.ELIZABETHPR.COM

Registration and Billing Questions Contact EPR
Office: info@elizabethpr.com
EPR Office Phone Number: (303) 646-3599

Revised November 13, 2024; Version 1.1

WELCOME TO THE ELIZABETH PARK AND RECREATION DISTRICT KIDS CLUB PROGRAM

Our mission is to provide a safe and joyful environment where children are encouraged to learn and play while building friendships. Our staff maintains an open-door policy of communication with families, guardians, participants and staff. EPR Kids Club is licensed by the Colorado Department of Human Services and is required to meet rules and regulations set forth by that agency. Our programs are inspected by the Colorado Department of Human Services, Elbert County Health Department and the Elizabeth Fire Department.

The EPR Kids Club Program is designed to meet the needs of children ages 5-12. We offer before and after school care, all week care for Fall, Thanksgiving, Winter, and Summer Programs.

We believe that children are capable learners and should be encouraged to discover knowledge and understanding through developmentally appropriate activities and experiences. The EPR Kids Club team members believe in respect and acceptance for each child and strive to offer activities geared to personal interests and abilities.

PROGRAM POLICIES AND PROCEDURES

The development of this manual was informed by the State of Colorado, Division of Early Learning, Licensing and Administration, Statement of Policies and Procedures requirement (section 2.206).

Absences

Please call or text the Elizabeth Park and Recreation District Office at (303) 646-3599 if your child is registered to attend and will be absent.

Admission

We serve all children regardless of gender, race, color, nationality, religion, ethnicity, or disability. Consideration is given to the individual needs of every child and the ability of the program to meet those needs. If your child has special needs (including disabilities, medicinal requirements, behavioral conditions, or child custody concerns, etc.), these must be indicated on the registration forms and/or health forms. If applicable, a copy of the child's IEP should be submitted with your registration forms. This helps the staff to better serve your child.

EPR requires paperwork that must be on file prior to attendance in any Kids Club program. Failure to provide all required documents will result in the exclusion from the program without refund. Upon registration in one or more Kids Club programs, you will receive a packet that includes the following forms: Application for the specific program, Emergency Contact Form, Permission Signatures, Off Campus/Field Trip Consent, Bus Rules, General Health Appraisal, Certificate of Immunization (or Exemption Records), Asthma Care Plan (if necessary) and Allergy and Anaphylaxis Plan (if necessary). If EPR has your child's current immunization record and health appraisal on file, you do not need to resubmit these two forms.

Reasonable accommodations will be made for children who have special needs, provided a written request is made at least two weeks before the child's attendance. Children must possess the ability to self-monitor, be independently mobile, and the ability to reasonably foresee the consequences of their actions. One-on-one aides are not provided, but will be accommodated if the family/guardian provides them, and they meet our hiring criteria. No child will be denied acceptance unless his or her presence would pose a significant risk to himself or herself, or to the general population, as determined by the staff. If it is determined that EPR Kids Club cannot meet a child's need through reasonable accommodations, enrollment may be denied or terminated. Decisions are made on a per case basis.

Attendance

Family members, guardians or other responsible parties (ages 18 and older) must sign the child in and out of the programs as requested. Children will be released from the program only to adults for whom Kids Club has written authorization. Photo identification may be requested at any time. You must immediately inform a Kids Club staff member if there are any court ordered visitation restrictions, protections or changes in pick up authorizations.

If you will be late to pick up your child, you must call the Elizabeth Park and Recreation office at (303) 646-3599. You may also send a text message to this number. If your child(ren) remain(s) at the program more than five minutes past the program closing time, your EPR account will begin to be charged $2.00 per minute. We will begin calling emergency contacts to attempt to arrange pick up. If there is no contact made with an authorized pick up person and the child remains at the program 30 minutes past closing time, Social Services, the Elizabeth Police Department and/or the Elbert County Sheriff's office will be contacted. Late pick up fees must be paid within two days of notice, or your account will be suspended. Three late pickups past 6:05pm will result in removal from the program.

Child Abuse and Neglect

Colorado State Law requires that all caregivers that observe child abuse or neglect, see conditions which may result in child abuse or neglect or suspect child abuse or neglect, must immediately make a report to the Department of Human Services and/or local law enforcement. If you suspect child abuse or neglect of any child, please call 844-CO-4-KIDS.

Complaints

If you have a concern, please notify the Childcare Site Manager. To file a complaint with the Department of Human Services, contact the Division of Child Care by mail at 1575 Sherman Street Denver, Colorado, 80203 or by phone at (303) 866-5958.

Discipline

We promote a positive approach to discipline. Our goal is for all children to learn appropriate school behavior and to behave constructively. We use the following guidance methods: redirection, planning ahead to prevent problems, positive reinforcement, encouragement, consistent and clear rules and natural, logical, and fair consequences. The EPR Staff makes every effort to model excellent behavior. This is accomplished by offering simple rules and choices, speaking with positive, kind words, being patient and thoughtful, praising good behavior and showing respect for others, property, and themselves. We promote the use of proper manners and will remind children to say “please” and “thank you”.

Children must not intentionally hurt themselves, others or property. Families/guardians will be notified of inappropriate behavior and may be contacted for pick up at any time. Pick up will be asked to be done so within an hour period after staff contact.

If a child is restricted from attending his/her school class schedule due to behavior, suspension, illness or injury, that child will also be restricted from attending Kids Club, without refund, until attendance at school resumes.

It is the parent’s or guardian’s responsibility to inform the Childcare Site Manager if their child has any behavioral, mental, or physical challenges, which may affect his/her day-to-day activities in the program (this includes hyperactive disorders). If a child’s behavior is disruptive and/or places the safety of others at risk, the child may be placed on a behavior plan. If deemed appropriate EPR Management may ask to hold a parent meeting to discuss behavior and said behavior plan.If the behavior plan is violated, the child may be removed from the program.

All behavior incidents are documented, and EPR reserves the right to terminate a child’s enrollment with or without refund if the staff deems it is in the best interest and/or safety of the student, their classmates, staff, or others. If necessary, we will work with Elizabeth School District and Elbert County Early Childhood Council to provide referrals to a mental health consultant or specialist.

Emergency Procedures

Emergency procedures are posted in every room in the building, including fire exits. All EPR Kids Club staff receive inservice training regarding emergency procedures, and emergency drills are held on a regular basis to familiarize the children with proper procedures and exit locations. A crisis plan is available for the building and is available in the school principal’s office. This document is open to inspection.

If an emergency takes place during Kid’s Club operating hours that requires evacuation of the facility such as a lack of power, water system being out etc; students may be bussed to another Kid’s Club site within the Elizabeth community for the remainder of their care for that day. Parents will be contacted and informed immediately as students are relocated to an alternative site.

Field Trips and Transportation

We may take field trips during school and summer breaks camps. Adequate staff ratios will be maintained at all times. Parents will be notified in advance of each trip. Signed authorization (Consent Form for Off Campus Activities/Field Trips) must be on file. An additional fee may be charged. All children who attend on field trip days will be expected to participate. No staff will be available to stay behind. Parents will be notified should their child’s field trip privileges be

revoked due to behavior problems or other. If your child arrives late to the program and their class is away on a field trip, you will be required to drive them to the field trip or keep them home for the day without refund.

EPR holds the right that if a planned filed trip location is not deemed suitable for Kid's Club students upon arrival to relocate to another filed trip location when needed.

Field Trips and Transportation (cont.)

Children will be transported by bus. All drivers are registered, insured and hold valid licenses. A lead teacher makes a roll call and headcount before the bus departs the school and when the bus is loaded for return. Bus drivers provide a safety review before departure. Proper seating counts and postures are enforced. All students are required to fill out the attached bus rules form prior to any given trip. Please note: there are no seatbelts available on the buses.

Food and Snacks

All EPR Kids Club programs are NUT FREE. This includes Nutella/hazelnut chocolate spread.

Before Care: Children can bring their nut free breakfast to eat during before care. If requested, a breakfast snack will be provided.

After Care: Children can bring any nut free snack(s) they prefer. One nut free snack will be provided.

Full Day Camps: Participants must bring a cold, nut free lunch, at least two nut free snacks and a water bottle. Please no foods that need to be heated or microwaved. Please send your child with a water bottle daily.

Birthday Treats: If you would like to bring a treat to share, we require all food items to be store bought, nut free, and have a nutrition label with the ingredients listed. We suggest small, two bite vanilla cupcakes (nut free) - prepackaged, sealed and cabinet safe.

If you are concerned about any snacks or foods that may be distributed, please let the staff know. We will not provide food to your child, and will request that you please provide snacks and a few prepackaged alternative treats for celebrations.

Hours of Operation

Monday, Tuesday, Wednesday,
Thursday, Friday 6:30am-7:30am;
3:00pm-6:00pm

Thanksgiving
Break
Monday-
Wednesday
7:00am-6:00pm

Winter Break
(Two Weeks)
Monday-Friday
7:00am-6:00pm

Fall Break
Monday-Friday
7:00am-6:00pm

Summer Camp
Monday-Friday
7:00am-6:00pm

All camps must
hit minimum
enrollment to

occur, camps
not hitting
needed
numbers will be
canceled

CLOSURES for Holidays and Staff Development/Workdays (Note: EPR reserves the right to close as deemed necessary)
September 7th (Labor Day)
September 25th (Staff Development/Workday)
October 9th (Staff Development/Workday)
November 30th
January 4th (Staff Development/Workday)
January 18th (Martin Luther King Day)

February 12th (Staff Development/Workday)
February 15th (Presidents Day
March 12th (Staff Development/Workday)
April 23rd (Staff Development/Workday)
May 21st-28th (Staff Development/Workdays)

Illness, Injuries and Accidents

All Kids Club staff are First Aid, CPR and Standard Precautions certified. The staff will report to you at pick-up time any minor, non-emergency bumps, bruises, or scrapes that your child has incurred throughout the day. Staff will provide basic first aid, within their limits of training, for any minor injuries that occur throughout the day. If your child becomes sick or seriously injured, you or your designated emergency person will be contacted immediately. All illnesses and serious injuries (including head injuries) and the care provided are documented. If, in the opinion of the staff, your child appears to be feverish, contagious, and/or display any of the symptoms listed below, you will be notified and asked to pick up your child immediately. If you are unavailable, your designated emergency contacts will be notified. If all designated emergency persons are unreachable, your physician will be consulted. In the case of a life or limb threatening situation, emergency services will be called, and you will be contacted immediately. These procedures will be followed whether children are at the program site or on an excursion. Parents/Guardians will be notified immediately when a child becomes ill. The sick child will be provided a quiet, comfortable area to rest until an authorized adult arrives. If your child has been diagnosed with a communicable disease, please contact the Childcare Site Manager immediately. The school must notify families and the health department of any contagious diseases.

EPR Kids Club follows the Colorado DPHE document titled, "How Sick is Too Sick".

Keep your child(ren) home if they have any of the following signs or symptoms:

Fever above 100.4
Skin rash or sores
Heavy nasal discharge
Stomachache
Nausea
Diarrhea
Flu symptoms
Strep Throat
Vomiting in the past 24 hours
Chills
Severe or uncontrolled coughing
and/or have not been symptom free for 24 hours.

Immunizations and Exemptions

Colorado law requires all students attending licensed child care programs to be vaccinated against certain diseases, unless they have a certificate of medical or non-medical exemption on file. To protect unvaccinated children, students with an exemption from one or more required vaccines may be kept out of any program during a disease outbreak. EPR Kids Club will follow CDPHE's recommendations of exclusions. Students claiming a nonmedical exemption must have a new copy on file annually. Non-medical exemptions expire June 30th of each year.

Medications and Nurse Consultant

Please notify the Kids Club staff if your child will need any type of medication. Families/guardians must arrange a health care plan and have proper paperwork submitted along with the medication(s). Only medically delegated team members are authorized to administer medication in compliance with the Nurse and Nurse Aid Practice Act. Confidentiality of the child will always be maintained. All medications will be kept secure away from children and medication is given according to the delegatory clause of the Nurse Practice Act.

EPR has a nurse consultant that reviews all health care plans and medications. The nurse must delegate to one or more of the childcare staff the task of medication administration, to include routine medications only. For medications not covered in the medication training, the health consultant must provide additional training, delegated on a one-to-one (1:1) basis, and provide ongoing supervision. Families may be referred to the nurse for additional support.

Staff cannot dispense over-the-counter medicine without a doctor's medication plan. The Childcare Site Manager will provide the correct form(s). Examples of over-the-counter meds are cough drops, Tylenol, Benadryl, ointments, etc. We can dispense medications provided the following conditions are met: Written authorization signed by a health care provider, Parental written consent with signature, Medication in the original labeled container and properly labeled with the child's full name, Medication name (must match the order cannot accept generic if the form does not specify), Dosage (i.e., 3 ml, 1 tablet, 2 drops), Time to be given, Route for medicine to be taken, Medication Expiration Date, and Amount of Medication Given (i.e., 1 pill, 1 bottle, etc.). All medication must be stored in their original containers. Parents/guardians must also complete the necessary health forms for Inhalers, EpiPens and emergency Benadryl. These medicines must be given to the EPR Staff before the start of any program. They must be received with the original manufacturer label still intact on the box and on the individual inhalers. In addition, the child's name must be listed on the outside of the carton, the expiration date listed, and the required dose highlighted clearly.

Music and Video Viewing

On occasion staff may use music for activities. The music will be age appropriate and will be radio edits of songs. Any videos and movies will be rated "G" or "PG". All music and videos are reviewed by an EPR staff member, and are always supervised.

Personal Belongings

EPR is not responsible for lost, stolen or missing items (including money, clothing, toys, electronic devices, etc.). Please label items clearly with your child(ren)'s name(s). If any items are deemed inappropriate, they will be taken by staff and returned to the parent/guardian picking up the child at the end of the day.

Registration and Fees

Registration and enrollment is processed completely online at www.elizabethpr.com. There are no drop ins. Families must register and enroll their child(ren) online for every session in which they plan to participate. Before and after school registration closes 30 minutes before the session begins and after care registration ends at 12pm the day of. School break and summer camp enrollment closes at 5:00pm the day prior of each camp day.. If your child is not registered and/or current, state required paperwork is not on file with EPR Kids Club, your child cannot be accepted into care. This is in accordance with State of Colorado Child Care Regulations.

Before School - $13/day

After school - $15/day

Registration and Fees (cont.)

Full day (Fall Break Thanksgiving Break, Winter Break, Spring Break) - $55 per day

Summer Camp Full Day- $55 per day

Please note, all rates are subject to change.

Tracking of Participants
Children are not allowed to leave the group at any time unless accompanied by a staff member, including restroom breaks. Headcounts are made continuously to ensure the number of children registered matches the number of children in attendance. At the end of the day, every child must be signed out by his/her parent/guardian to ensure that all children have been picked up.

If a child becomes separated from the group at any time, at any location, the program leader in charge will conduct a search of the area. If the child is not located within five minutes, the program leader in charge must contact the child's emergency contact and the authorities to report a missing child.

Children are supervised at a ratio of no less than one staff member for every 15 students. Children registered for Kids Club who were in school attendance, and do not arrive to after school care from their classroom promptly, will be assumed to be missing. If the child cannot be located on the bus or on school grounds within five minutes the parents will be called and emergency procedures started. Before closing Kids Club at the end of the day, a staff member in charge will review the attendance sheet and sign in/out book to ensure that all children were properly signed out by the adult picking them up. A staff member will visually sweep the Kids Club areas to make sure no children are left in the area before locking up.

Visitors
Only parents/guardians of children in the Kids Club program and previously approved visitors are authorized to visit without notice. If you are aware of a visitor that will be coming in to see your child(ren) , you must inform a Kids Club staff member before the visit. Visitors will be asked to show photo identification and sign the Visitor Log. All unauthorized visitors will be asked to leave the premises.

Weather
EPR Kids Club follows the same weather closures and delays as Elizabeth School District. Kids Club programs are canceled when the Elizabeth School District is closed and will open late when the Elizabeth School District calls for a delayed start. Local radio and TV stations broadcast school closure information. During Kids Club school break programs (e.g., Spring Break) and we need to call a weather closure, we will contact you via email by 5am the day of the closure.

EPR Kids Club follows Elizabeth School District's Standard Response Protocol (listed on the district website) in all emergency situations. In the case of severe weather, EPR Kids Club is a part of the Code Red notification system and will shelter in place as needed.

Withdrawals
If you have enrolled for a program that has not yet begun and would like to withdraw, you must contact the EPR office within five days of the program start date at (303) 646-3599 to notify us and request a refund. Refunds are processed on a case by case basis. If your child has started a program, and you choose to withdraw, no refunds will be given. No refunds are given for Kids Club Before and After School care. However, we can apply a session to another day. Please email the Childcare Site Manager at your school to arrange a different date.

SEE PACKET FOR SIGNATURE PAGE, THIS IS REQUIRED TO ATTEND ANY KIDS CLUB PROGRAM

ELIZABETH PARK AND RECREATION DISTRICT
KIDS CLUB APPLICATION

KIDS CLUB REGISTRATIONS FOR AUGUST 2026-AUGUST 2027

Hello and welcome to the Elizabeth Park and Recreation District (EPR) Kids Club Before and After Care and full Day Camp Programs! EPR is very excited to be taking over the Kids Club program and we look forward to getting to know you and your family.

Before School Care: Please feel free to bring a nut free breakfast to enjoy in the morning.

After School Care: Please pack nut free snacks in your child's school backpack. One nut free snack will be provided.

Camp Programs: Please pack nut free sack lunch and snacks. Please send your child with filled water bottle at the start of the day.

Please carefully review and complete the following pages. *All forms must be current, completed and returned (addresses below) for each child before the first day of care. In accordance with State of Colorado child care licensing regulations, children cannot attend without the following

- ☐ Kids Club Care Program Application (page 11)
- ☐ Emergency Information (page 12)
- ☐ Pick Up Authorization (page 14)
- ☐ Permission Signatures (pages 15 and 16)
- ☐ Off-Campus/Field Trip Consent (page 17)
- ☐ General Health Appraisal Form (page 19)
- ☐ Certificate of Immunization (page 20)
- ☐ Asthma Care Plan (if necessary) (page 21)
- ☐ Allergy and Anaphylaxis Plan (if necessary) (pages 22 and 23)
- ☐ Policy Manual Signature Page (page 18)

Please contact me with questions.

Thank you,

Michael Barney
Elizabeth Park And Recreation District Executive Director

Email: info@elizabethpr.com (scans accepted here)
Mail or Drop Off: Elizabeth Park and Recreation District, PO Box 434, 34201 County Road 17, Elizabeth, 80107

Kids Club
Application

Application Date: _____

Child's Name: _____
Last First Birthdate Age

_____
Home Address City Zip

_____
Mailing Address (if different than above)

_____
Name of Parent/Legal Guardian 1 Email Relationship to Child

_____
Cell Phone Home Phone Work Phone

_____
Employer Name Employer Address

_____
Name of Parent/Legal Guardian 2 Email Relationship to Child

_____
Cell Phone Home Phone Work Phone

_____
Employer Name Employer Address

Child Lives With:

{ } Both Parents
{ } Father Only
{ } Legal Guardian(s)
{ } Mother Only
{ } Foster Parents
{ } Other

_____
Child's School Name City Zip

_____
Names and Ages of Siblings Also Attending EPR Kids Club

Any applicant who knowingly or willfully makes a false statement of any material fact of thing in this application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.

Emergency Information

Child First Name Last Name

Contacts

In addition to the parents/legal guardians, the child will not be released to anyone who is not specified below in the event of illness or injury. Emergency Contacts must be prepared to show valid picture identification and be over the age of 16.

Emergency Contact #1 First Name	Last Name	Relationship to Child
Home Address	City	Zip
Cell Phone	Home Phone	Work Phone
Employer Name	Employer Address	
Emergency Contact #2 First Name	Last Name	Relationship to Child
Home Address	City	Zip
Cell Phone	Home Phone	Work Phone
Employer Name	Employer Address	

Physician and Dentist Information

Child's Physician First Name	Last Name	Phone
Address	City	Zip
Child's Dentist First Name	Last Name	Phone
Address	City	Zip

Emergency Information (cont.) _____

Child First Name Last Name

Preferred Hospital (circle or write in)

Parker Adventist Sky Ridge Medical Center Other: _____

I, the undersigned, do hereby authorize EPR Kids Club employees and staff to contact, directly or indirectly, the persons named above, and to render such treatment as may be deemed necessary in an emergency for the health and safety of the child. In the event the parents or other persons named on this form cannot be contacted, school officials are hereby authorized to take whatever actions are deemed necessary in their judgment for the health and safety of the child.

_____

Parent/Legal Guardian Printed First Name Printed Last Name Signature

Pick Up Authorization

In addition to the parents/legal guardians, the child will not be released to anyone who is not specified below. Contacts listed below must be prepared to show valid picture identification and be over the age of 18. In an emergency case where someone not on this list must pick up the child, the parent/legal guardian must email the Childcare Programs Coordinator or call the Elizabeth Park and Recreation office at (303) 646-3599 with an explanation and the full name and phone number of the temporary authorized pick up person.

_____ may be picked up from the EPR Kids Club program
Child's First Name Last Name
by the following:

First Name	Last Name	Relationship to Child
Home Address	City	Zip
Cell Phone	Home Phone	Work Phone
First Name	Last Name	Relationship to Child
Home Address	City	Zip
Cell Phone	Home Phone	Work Phone
First Name	Last Name	Relationship to Child
Home Address	City	Zip
Cell Phone	Home Phone	Work Phone
First Name	Last Name	Relationship to Child
Home Address	City	Zip
Cell Phone	Home Phone	Work Phone

Permission Signatures

Child's First Name Last Name

Sunscreen, Lip Balm, Lotion

I give my permission for my child to apply sunscreen, lip balm and/or lotion under staff supervision and with assistance, if needed. I understand that all sunscreen, lip balm and/or lotion brought from home must be labeled with my child's name and given to a staff member. I understand that staff will provide Rocky Mountain Sunscreen SPF 30 to be applied when appropriate, if one from home is not provided.

Parent/Legal Guardian Printed First Name Printed Last Name Signature

Photography

I give my permission for my child to be photographed, including digital, video and/or motion methods, either individually or in a group for internal/program use.

Parent/Legal Guardian Printed First Name Printed Last Name Signature

I give my permission for my child to be photographed, including digital, video and/or motion methods, either individually or in a group for print or digital marketing purposes, including Facebook and/or Instagram or partnering companies.

Parent/Legal Guardian Printed First Name Printed Last Name Signature

Child Protection

I understand that all staff are required by law to report any suspected child abuse or neglect to the Department of Human Services.

Parent/Legal Guardian Printed First Name Printed Last Name Signature

Movie Permission

I give my permission for my child to view G and pre-screened PG rated videos.

Parent/Legal Guardian Printed First Name Printed Last Name Signature

Permission Signatures (continued)

Exclusion Policy Based on Needs

If it is determined that my child's needs exceed the service capacity of the program, the child may be denied acceptance into the program.

Parent/Legal Guardian Printed First Name	Printed Last Name	Signature

Termination of Services

I understand that my child may be terminated from the program for the following:

Unsafe or unhealthful behavior towards self, other children or adults.

Unsafe or unhealthful behavior from parent or guardian towards staff or students.
Missing or incomplete paperwork including immunization record.
Failure to pay tuition.
Failure to follow program policies.

Parent/Legal Guardian Printed First Name	Printed Last Name	Signature

Indemnification

I agree to indemnify and hold harmless Elizabeth Park and Recreation District (EPR) for any and all claims, demands, costs, expenses, including reasonable attorney's fees that EPR may suffer as a result of any claim, action, demand or judgment against it arising from the attendance of Before and After School Care by this applicant. Provided, however, that the above and foregoing shall not be construed to indemnify EPR from any act of negligence or fault on the part of EPR, its officers, agents or employees.

Parent/Legal Guardian Printed First Name	Printed Last Name	Signature

Consent Form For Off-Campus Activity/Field Trips

I _____give permission for _____ to attend off site field trips for the Kids Club Program. My signature on the field trip sign up sheet will serve as permission for each time we leave the campus.

All children attending Kids Club programming on field trip days will be required to be part of the trip. No extra staff will be available to stay behind.

1. The parent or legal guardian acknowledges that there are potential and unknown risks beyond the expected risks associated with normal activities on the Singing Hills Elementary School property. These may include, but are not limited to, risk of personal injury, sickness, death, and loss or damage to personal property. 2. The parent or legal guardian whose signature appears below, exempts Elizabeth Park and Recreation District, its employees, and authorized volunteers, from all claims arising from the student's participation in the activity/trip, unless caused by actions for which Elizabeth Park and Recreation District would otherwise be liable under Colorado State Law. 3. The student must use the provided transportation. This may include transportation by common carriers as well as any authorized driver of private vehicles.

All children who attend off site activities are expected to behave in a safe, responsible manner at all times. Children who do not behave appropriately on trips will not be able to continue participation in off site activities.

Please describe any allergies, medications, or other medical problems your child may have:

_____

Pediatrician Name:_____ Phone: _____

Health Insurance Information

Provider:_____ Subscriber Name: _____

Policy Number:_____ DOB of Insured: _____

Contact Information

Primary Contact Person:_____Cell Phone #: _____

Emergency Contact:_____ Cell Phone #: _____

I, the undersigned, do hereby authorize EPR Kids Club employees and staff to contact, directly or indirectly, the persons named above, and to render such treatment as may be deemed necessary in an emergency for the health and safety of the child. In the event the parents or other persons named on this form cannot be contacted, school officials are hereby authorized to take whatever actions are deemed necessary in their judgment for the health and safety of the child.

_____

Parent/Legal Guardian Printed First Name Printed Last Name Signature

Elizabeth Park and Recreation District Kids Club
Policy Manual Signature Page

Parents/Guardians, please take time to review all information presented in this manual, as it offers important information regarding our policies and procedures.

Once you have read the manual, please sign and return this form to a Kids Club staff member. This signature confirmation page is a requirement for registration.

Child's First Name Child's Last Name:

_____

Parent/Legal Guardian First Name Parent/Legal Guardian Last Name:

_____

Parent/Legal Guardian Signature:

_____

_____Date: _____

GENERAL HEALTH APPRAISAL FORM

Please complete, date, and SIGN.

Child's Name: _____ Birthdate: _____
Allergies: 0 None ORO List food/medication: _____
Diet: D Breastfed D Age appropriate D Special-Describe: _____
Skin Care: 0 Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.
Sleep: Your healthcare provider recommends that all infants less than 1 year of age be placed on their back for sleep.

I, _____ give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:
Name:_____ Fax:_____ Email: _____

Parent/Guardian Signature:_____ **Date:**_____

HEALTH CARE PROVIDER *Please complete after parent section has been completed.*

Date of most recent health appraisal: _____ Age:_____ Weight: _____
Physical Exam: D Normal D Abnormal-describe: _____
Allergies: D None OR D List food/medication: _____ Type of Reaction _____
Current Medications: D None OR D List:_____
A separate medication authorization form (link) is required for medications given in school, childcare, or camp.
Current Diet: D Breastfed D Age appropriate D Special-describe: _____
A separate diet statement (link) is required for food provided at school, childcare, or camp.
Health Concerns: D Severe Allergies D Asthma D Seizures D Diabetes D Hospitalizations D Behavior Concerns
D Developmental Delays D Vision D Hearing D Oral Health D Under/Overweight D Other: _____
Explain above concerns (if necessary, include instructions to care providers): _____
Immunizations: D See attached immunization record or official exemption form D Next vaccine due date: _____

HEALTH CARE PROVIDER *Please complete if appropriate. This information is required by Early Head Start and Head Start Pro rams er the State EPSDT Schedule.*

Height: _____ B/P: _____ Head Circumference (up to 12 months): _____ HCT/HGB: _____
Lead Level: D Not at risk OR D Lead level:_____ TB: D Not at risk OR Test Result: D Normal D Abnormal
Screens Performed: D Vision: D Normal D Abnormal D Hearing: D Normal D Abnormal
D Oral Health: D Normal D Abnormal Developmental Screen: D ASQ D PEDS D Other: _____
Developmental Concerns: _____ Recommended Follow-up: _____

PROVIDER SIGNATURE _____ **OFFICE STAMP**

Next Well Visit: D Per AAP Guidelines* or D Age: ___ _

This child is healthy and may participate in all routine activities in school, childcare, or camp. Any concerns or exceptions are identified on this form.

_____
Signature of Healthcare Provider (certifying form reviewed)

_____
Date

Or write Name, Address, Phone Number, Email

*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

The form was created by the American Academy of Pediatrics, Colorado Chapter and Healthy Child Care Colorado to satisfy childcare and Head Start requirements in Colorado. While accepted by most schools, childcare programs and camps, this is not an official government form. Updated 01/2021.

COLORADO CERTIFICATE OF IMMUNIZATION

cdphe.colorado.gov/immunization

COLORADO
Department of Public Health & Environment

This form is to be completed by a health care provider (physician [MD, DO], advanced practice nurse **[APN]** or delegated physician's assistant (PA]) or school health authority. School-required immunizations follow the Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at cdphe.colorado.gov/immunization/forms), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at sixth grade entry.

Student Name: Date of birth:

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

Required Vaccines

	Immunization date(s) MM/0D/YY	Titer Date• MJMDD/YY
HepB Hepatitis **B**		
DTaP Diphtheria, Tetanus, Pertussis (pedlatrlc)t		
Tdap Tetanus, Diphtheria, Pertussis†		
Td Tetanus, Diphtheria		
Hlb _Haem_ophHus influe_n2ae t□pe_ b.		
IPV/OPV Polio		
PCV_ Pneu_moc_occal_C_o_njuga_te.		
MMR Measles, Mumps, Rubella ‡		
Measles		
M_u_mps_		
Rubella		
Varicella Chickenpox		
Varlcella • date of disease	varicella . positive screen date	

[1]The shaded area under- 'Titer Datew Indicates that a titer is 11ot aicceptable proof of immul'lity tor ttiis vac.cine.

In □eral instances, laboratory confirmation of positive titen. are an acceptable alternative to written documentation of vaccination. A positi'w'e laboratory titer report must be provided to the school to document immunity. More information on titers can be foond within 1he Colorado Boarci of Health rule 6 CCR 1009-2.

t For OTaP .a11ci Tdap, both the diphtheri.i and tetanus titen must be positive. A titer is never acceptable to demonstrate immunity to pertussis.

; Laboratory confinnat1on of positive titers are an acceptable alternative to the MMR vaccine only wheri titers for :all three c.ompooerits (measles, mumps, anci rubella) are positive.

Recommended Vaccines

Immunization date(s) MM/DD/YY

HPV Human Papllomavirus

□_CV4 M_enin_gococcal

□.e.n.□□□□tn_g□□c.c□\

HepA_ Hepatitis A_

Fl_u_l_nfl_uenza

COVID-19

Other

Health care provider printed name/signature: _____ Date: _____

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

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or *over* 18 yrs old) signature: _____Date: _____

COLORADO ASTHMA CARE PLAN AND MEDICATION ORDER FOR SCHOOL AND CHILD CARE SETTINGS*

PARENT/GUARDIAN COMPLETE, SIGN AND DATE:

Child Name: Birthdate:

School: Grade:

Parent/Guardian Name: Phone:

I approve this care plan and give permission for school personnel to share this information, follow this plan, administer medication and care for my child/youth, and if necessary, contact our health care provider. I assume responsibility for providing the school/ program prescribed, non-expired medication and supplies (such as a spacer), and to comply with board policies, if applicable. I am aware ***911 may be called if a quick relief inhaler is not at school*** and my child/youth is experiencing symptoms.

Parent/Guardian Signature **Date**

HEALTH CARE PROVIDER COMPLETE ALL ITEMS, SIGN AND DATE:

QUICK RELIEF MEDICATION: ☐ **Albuterol** ☐ **Other** ----------

Common side effects: ┼ heart rate, tremor ☐ **Use spacer with inhaler (MDI}**

Controller medication used at home ----------

TRIGGERS: ☐ **Weather** ☐ **Illness** ☐ **Exercise** ☐ **Smoke** ☐ **Dust**☐**Pollen** ☐ **Poor Air Quality** ☐**Other:** _____

☐ **Life threatening allergy specify**----------

QUICK RELIEF INHALER ADMINISTRATION: With assistance or self-carry.

D Student needs supervision or assistance to use inhaler. Student will not self-carry inhaler.

D Student understands proper use of asthma medications, and in my opinion, can **self-carry** and use his/her inhaler at school independently with approval from school nurse and completion of contract.

IF YOU SEE THIS:		DO THIS:
	• No current symptoms • Strenuous activity planned	**PRETREATMENT FOR STRENUOUS ACTIVITY,** please choose **ONE:** D Not required **OR** D Student/Parent request **OR** D Routinely Give **QUICK RELIEF MED** 10-15 minutes before activity: D 2 puffs D 4 puffs Repeat in 4 hours, if needed for additional physical activity. ***If child is currently experiencing symptoms, follow YELLOW or RED ZONE.***
YELLOW ZONE: Mild symptoms	• Trouble breathing • Wheezing • Frequent cough • Chest tightness • Not able to do activities	1. Give **QUICK RELIEF MEDO** 2 puffs puffs 2. Stay with child/youth and maintain sitting position. 3. **REPEAT QUICK RELIEF MED** if not improving in 15 minutes: ☐ 2 puffs ☐ **4** puffs ***If symptoms do not improve or worsen, follow RED ZONE.*** 4. Child/youth may go back to normal activities, once symptoms are relieved. 5. Notify parents/guardians and school nurse.
RED ZONE: EMERGENCY Severe Symptoms	• Coughs constantly • Struggles to breathe • Trouble talking (only speaks 3-5 words) • Skin of chest and/or neck pull in with breathing • Lips/fingernails gray/blue	1. Give **QUICK RELIEF MED:** ☐ 2 puffs ☐ **4** puffs ***Refer to the anaphylaxis care plan if the student has a life threatening allergy. If there is no anaphylaxis care plan follow emergency guidelines for anaphylaxis.*** 2. Call 911 and inform EMS the reason for the call. 3. **REPEAT QUICK RELIEF MED** if not improving: ☐ 2 puffs☐**4** puffs Can repeat every 5-15 minutes until EMS arrives. 4. Stay with child/youth. Remain calm, encouraging slower, deeper breaths. 5. Notify parents/guardians and school nurse.

Health Care Provider Signature **Print Provider Name** **Date**

Good for 12 months unless specified otherwise in district policy.

Fax **Phone** **Email**

School Nurse/CCHC Signature **Date**

D Self-carry contract on file. D Anaphylaxis plan on file for life threatening allergy to:

*Including reactive airways, exercise-induced bronchospasm, twitchy airways.

Revised: February 2021

Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

Student's Name: _____ D.O.B. _____ Grade: _____

School: _____ Teacher: _____

AUERGYTO: _____

HISTORY: _____

_____

Place child's photo here

Asthma: D YES (higher risk for severe reaction) - refer to tiheir asthma care plan

0 NO

To be completed by healthcare provider

◊ STEP 1: TREATMENT

SEVERE SYMPTOMS: Any of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- THROAT: Tight, hoarse, trouble breathing/swallbwing
- MOUTH: Swelling of the tongue and/or lips
- HEART: Pale, blue, faint, weak pulse, dizzy
- SKIN: Many hives over body, widespread redness
- GUT: Vomiting or diarrhea {if severe or combiined witil other symptoms
- OTHER: Feeling something bad is about to happen, Confusion, agitation

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
   - Ask for ambulance with epinephrine
   - Tell EMS when epinephrine was given
3. Stay with child and
   - Call parent/guardian and school nurse
   - If symptoms don't improve or worsen give second dose of epi if available as instructed below
   - Monitor student; keep them lying down. If vomiliing or difficulty breathing, put student on side

Give other medicine, if prescribed. (see below for orders) Do not use other medicine in place of epinphrine. **USE EPINEPHRINE**

MILD SYMPTOMS ONLY:

- NOSE: Itchy, runny nose, sneezing
- SKIN: A few hives, mild itch
- GUT: Mild nausea/discomfort

1. Stay with child and
   - Alert parent and school nurse
   - Give antihistamiine {if prescribed)
2. If two or more mild symptoms present or symptoms progress **GIVE EPINEPHRINE** and follow directions in above box

DOSAGE: Epinephrine: inject intramuscularly using auto injector (check one): D **0.3 mg** D **0.15 mg**

D If symptoms do not improve __ minutes or more, or symptoms return, 2nd dose of epineplhrine should be l}iven if available

Antihistamine: (brand ancl dose)_____

Asthma Rescue Inhaler (brand and close)_____

Student has been instructed and is capable of carrying and self-administering own medication. OYes ONo

Provider (print) _____ Phone Number: _____

Provider's Signature: _____ Date: _____

0STEP 2: EMERGENCY CALLS 0

1. If epinephrine given, **tall 911.** State that an a,naphylactic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.
2. Parent: _____ Phone Number: _____
3. Emergency contacts: Name/Relationship Phone Nurnber(s)
   a. _____ 1) _____ 2) _____
   b. _____ !)-------- 2)_____

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 nece.ssary, contact our health care provider. I assume foll responsibility for providing the school with prescribed medication and delivery/monitoring devices and release the school and personnel from any liability in rnmplia nee with their Board of Education policies.

Parent/Guardian's Signature: _____ Date: _____

School Nurse: _____ Date: _____

Student Name: _____ **DOB:** _____

Staff trained and delegated to administer emergency medications in this plan:

1._____ Room _____

2._____ Room _____

3._____ Room _____

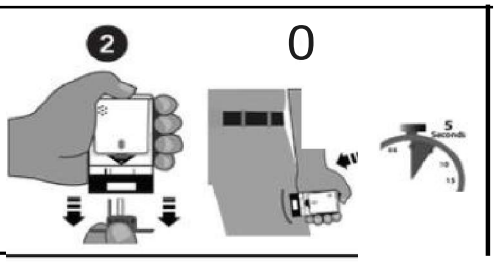
Self-car,ry contract on file: **Des** **ONo**

Expiration date of epinephrine auto injector: _____

Keep the child lying on their back. If the child vomits or has trouble breathing, place child on his/her side.

AUVI-Q™ {EPINEPHRINE IN ECTION, USP) DIRECTIONS

l. Remove the outer case of Auvi-Q, T/"lis will automatically activate the voice instruclions.
2. Pull off red safety gu rd.
3. Place black end against mid-<>uter thigh.
4. Press firmly and hold **for** 5 seconds.
5. Remove from thigh.



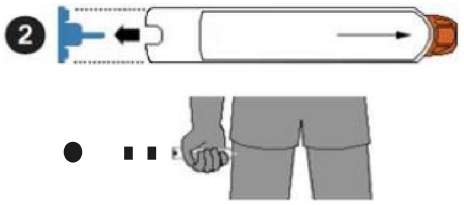
ADRENACLICK (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTI,ONS

1. Remove the outer case.
2. Remove grey caps labeled "l" ancl "2".
3. Place red rounded tip against rnid--0u er thigt'l.
4. Press down hard until needle enters !high.
5. Hold in place for 10 seconds. Remo11e from lhiBh.

8

EPIPEN® AUTO-IINJECTOR DIRECTIIONS

I. Remove **me** Epil"en Auto-Injector from the clear carrier tube.
2_ Remove lhe blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid□uter thigh until it 'clicks'.
4. Hold firmly in place or 3 seconds (count slow **y** 1, 2. 31.
5. Remove auto-injector from the thigh and massage the injection area tor 10 seconds.



If this conditions waHents mea l a ccomodations from food serrvice, please complete the form for dietary disabilitiy if required by district policy.

Additional information:_____