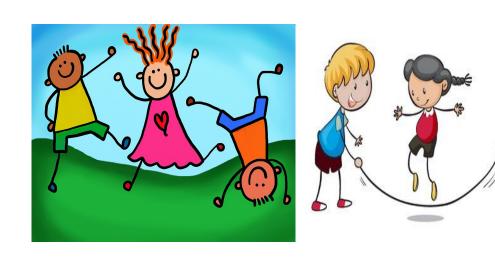
Fieldhouse Summer Camp Fieldhouse Summer Camp



PARENT MANUALAL

Salina Parks & Recreation Department 300 W. Ash, Rm. #100 Salina, KS 67401 (785) 309-5765 www.salinaparks.com



the start of each week.





FIELDHOUSE SUMMER CAMP REGISTRATION FORM

| Parent's Name | | | Phone (wk) |
|-----------------|-----|-----------|-----------------------------|
| Address | | | Phone (hm) |
| City | Zip | E-mai | <u> </u> |
| Child(ren) Name | | Age | _Grade Completed |
| | • | paid upon | d registration. The Camp |

| Session | Dates | Date Paid | Amount Paid |
|---------|--|-----------|--------------------|
| Week 1 | May 31 st – June 3 rd | | |
| Week 2 | June 6 th – 10 th | | |
| Week 3 | June 13 th – 17 th | | |
| Week 4 | June 20 th – 24 th | | |
| Week 5 | June 27 th – July 1 st | | |
| Week 6 | July 5 th – July 8 th | | |
| Week 7 | July 11 th – 15 th | | |
| Week 8 | July 18 th – 22 nd | | |

INTRODUCTION

Thank you for choosing Salina Parks and Recreation Department Fieldhouse Summer Camp program. We look forward to an exciting and adventurous summer of fun. The Fieldhouse Summer Camp Program will provide your child with many fun filled days of planned activities and special events. Our camp staff will work with your child to develop new skills and interests and create a positive and enjoyable experience in a day camp atmosphere. If after reading our Parent Manual you find you still have questions, do not hesitate to contact our Program Director.

GENERAL DEPARTMENT PHILOSOPHY

The Salina Parks & Recreation Department is dedicated to provide a wide variety of leisure time opportunities and activities to enhance the quality of life for our citizens in our community.

PURPOSE

The purpose of Fieldhouse Summer Camp is to provide children with a fun, educational, and stimulating program in a safe environment. Fieldhouse Summer Camp is licensed by the Kansas Department of Health and Environment as a school-age program. We accept children who have completed kindergarten by the first day of camp and are not older than have completed 6th grade.

HOURS OF OPERATION

The hours of operation will be from 7:30 a.m. to 5:30 p.m., Monday through Friday. Camp will not officially begin until 8:30 a.m. and will conclude at 4:30 p.m.

CHILD DROP OFF/PICK UP PROCEDURES

We maintain a daily attendance record that includes each child's name, arrival time and departure time. Parents must enter the facility to sign their children in and out **everyday.**

MEDICINE

If medication is to be administered during camp the following conditions must be met:

- We must obtain written permission from the child's parent or quardian.
- Nonprescription medication must be in the original container and labeled with the child's name.
- Prescription medication must be in the original container labeled with the following information: child's name, fill date, physician's name, expiration date and specific instructions for administration.

SUSPECTED ABUSE AND NEGLECT REPORTING POLICY AND PROCEDURE

In accordance with the procedures set forth by the Kansas Department of Health and Environment, any camp staff having reasonable cause to believe that a child in their care may be an abused or neglected child shall immediately report the matter to the Program Director. The Program Director will notify the secretary of the Department of Social and Rehabilitation Services.

REFUND POLICY

If you're not satisfied, neither are we. If after attending the first week of camp you are dissatisfied, speak to the Program Director about your refund and credit options. No refunds will be given after camp ends. Refunds are not given for vacations or individual days missed.

COMPLAINTS/PROBLEM/IDEAS

Your opinions and concerns are important to us. Please address your concerns to the Program Director. The Program Director will be happy to address your concerns over the phone or in person by scheduling a meeting with you and other involved camp staff. If the Program Director is unable to address your concerns, please contact the Recreation Program Supervisor. Questions regarding fees or payments should be addressed to the Program Director.

BEHAVIOR AND DISCIPLINE

It is the parent's obligation and responsibility to inform the Program Director if their child has any behavior, mental, or physical needs that require special accommodations. This should be noted on your child's registration forms. Our discipline policy includes the following steps:

- 1. Verbal warning. Explanation of consequences for second offense.
- 2. The child will be placed in a designated Time Out area for 5 to 10 minutes.
- 3. Written warning, parent called.
- 4. Meeting with Program Director and/or Recreation Program Supervisor and parents. Automatic suspension of the following day's activities and following program date (s) as determined by the Program Director.
- 5. One-week suspension.
- 6. Expulsion from the Fieldhouse Summer Camp.

Individual circumstances may require that we move through these steps more quickly. These steps are implemented for your child's safety and the safety of others.

FIRST AID AND EMERGENCY PROCEDURES

Appropriate measures will be taken to safeguard the health and safety of all camp participants. The information provided on the Health History and the Authorization for Emergency Medical Care forms is very important in helping us provide adequate care in the event of an emergency. A first aid kit and cellular phone will be on hand at all times. Camp staff will administer any immediate treatment for minor injuries. If a more serious injury occurs, emergency medical services will be called and transportation to the nearest hospital will be provided. In the event of an emergency, parents will be notified as soon as possible. Do not send a sick child to camp. In the event a child gets sick at camp, the parents will be notified and asked to pick him/her up immediately.

REGISTRATION

- Fieldhouse Summer Camp is open to boys and girls who have completed kindergarten by the first day of camp and are not older than have completed 6th grade.
- Registration is limited to 60 children per week.
- Pre-registration is required. Campers and their siblings may begin registering Tuesday, April 26th.
- Registration is taken at the Salina Parks & Recreation Department from 8:00 a.m. to 5:00 p.m., Monday through Friday.
- Registration is due Thursday at 5:00 p.m. prior to the week camp begins.
- You may register your child for any and all weeks of camp.
- Registration packets are available at the Recreation Office during regular business hours. This packet includes Kansas Department of Health and Environment forms that must be completed prior to the first day of camp.

CAMP FEES

- The weekly fee is \$100 per child.
- The first week of camp must be paid in full upon registration.
- The Camp Fee for each week will be due by Thursday, 5:00 p.m. prior to the start of each week.
- Your child will not be allowed to attend camp until fees are paid.
- Once camp fee is paid, no refunds will be allowed.

LATE PICK-UP FEES

Parents are responsible for picking up their children by 5:30 p.m. A late fee of \$5 per child will be charged per fifteen minutes. Your child will not be permitted to attend camp until late fees are paid.

ABSENCE

Please notify us if your child is ill or will be absent. If your child will not be attending a week of camp that they have registered for, please notify the Parks & Recreation Department as soon as possible so that we can attempt to fill the opening.

CAMP SCHEDULE

Camp will begin on Tuesday May 31st and conclude on Friday, July 22nd. No Camp will be held Monday, July 4th.

DAILY ACTIVITIES

A variety of activities are offered each day. Activities typically begin at 8:30 a.m. and conclude at 4:30 p.m. Activities include sports, active games, playground visits, bowling, library, movies, swimming, board games, recreational activities and more. All activities are included in the weekly fee.

FIELD TRIPS

Field Trips may include visits to water parks, museums, zoos, and more. Your child may need a sack lunch on field trip day. Our weekly schedule will list other items needed for field trips as well as a departure time and expected return time.

LUNCH AND SNACKS

Our lunches are provided by USD 305 Food Service. If you choose to send a sack lunch with your child, please adhere to the following guidelines:

- The lunch should be labeled with the name of your child
- Perishable foods and drinks shall be in an insulated sack or box with a coolant.

On field trip days all children may be required to bring a sack lunch. We provide a morning and afternoon snack *each* day. We strive to provide a nutritious snack.

TRANSPORTATION

Transportation will be provided by Durham Bus Service and Salina Parks & Recreation Department van or bus.

STAFF

We maintain a ratio of 1 staff member to 15 campers. We complete a criminal history and child abuse registry background check on all staff and regular volunteers. Our staff maintains current certification in first aid and child CPR.

CAMP ATTIRE

Please send your child to camp in comfortable clothes, sturdy shoes and socks. Please send a water bottle with your child's name on it each day. We also encourage you to send a hat or visor for sun protection and a jacket when the weather is bad. Your child should bring a swimming suit and towel on swimming days which will be posted on the weekly schedule. Also, on swimming days we encourage a pair of flip flops to be worn to pool. Clearly mark any items brought to camp with your child's name. We will not be responsible for things brought from home.







FOR OFFICE USE ONLY Date Received:_____

FIELDHOUSE SUMMER CAMP APPLICATION FOR ADMISSION

PLEASE COMPLETE AND SIGN. ALL INFORMATION IS CONFIDENTIAL.

| 1. | Childs Name: | | | | |
|----|----------------|----------------------|--------------------|--------------------------|---------------|
| | Childs Name: | | | | |
| | Address: | | | | |
| | Male | Female | _ Birthdate | Home Phone | |
| | Male | Female | _ Birthdate | Cell Phone | |
| 2. | Mother's Nan | ne: | | | |
| 3. | Father's Nam | e: | | | |
| 4. | Child will be | released only to th | ne following pers | ons in addition to pare | nt/guardian: |
| | Name | Address | | Relationship | Phone |
| a | | | | | |
| b | | | | | |
| 5. | Does your ch | ild have any food | allergies or dieta | ary restrictions? | |
| 6. | Does your ch | ild have any speci | ial fears? | | |
| 7. | What is your | child's favorite ind | door/outdoor act | ivities? | |
| 8. | Does your ch | ild have a bicycle | and safety helm | et? | |
| 9. | Does your ch | ild have a family o | or individual mer | mbership to Kenwood (| Cove? |
| W | rite below any | further informatio | n about your chi | ild or your family which | ı you believe |
| mi | ght be helpful | to us in understar | nding your child. | | |
| | | | | | |
| | | | | | |







PERMISSION FORM

| My child(ren),, |
|--|
| I am familiar with the mode of transportation, the camp rules and regulations, the camp leadership and activities of the program. I permit my child to actively participate in all routine activities of the camp, including all field trips. |
| \boldsymbol{I} understand that \boldsymbol{I} will be held responsible for any repair cost that may result from my child being destructive. |
| In the event of an illness or accident, I authorize the calling of a doctor and/or providing other necessary first aid and medical services. I understand that appropriate measurers will be taken and that I will be notified as soon as possible in the event of an emergency. |
| I understand that Camp Hours are 8:00 a.m. to 5:00 p.m. I also understand that the earliest my child may arrive to camp is 7:30 a.m. and the latest I can pick my child up is 5:30 p.m. If I arrive later than 5:30 p.m. I will be charged \$5.00 per child, per fifteen minutes and my child (ren) will not be allowed back to camp until this fee is paid. Fee must be paid within one business day at the Parks & Recreation Department office. |
| Parents must enter the facility to sign their children in and out EVERYDAY. |
| I understand that if my child continually disobeys, that I will be called and my child will have to be picked up as soon as possible. Uncooperative behavior will not be tolerated. |
| By signing this Application for Admission form I agree to abide by ALL the rules and regulations mentioned above and acknowledge receipt of the Camp Salina Parent Manual. |
| SIGNATURE OF PARENT/GUARDIAN DATE |

Kansas Department of Health and Environment

Bureau of Child Care and Health Facilities 100 SW Jackson, Suite 200

Topeka, KS 66612-1274

Phone: (785) 296-1270 FAX: (785) 296-0803

Website: www.kdhe.state.ks.us

Parental Permission Form for Off Premises Trips

Group of Children to Multiple Locations on Multiple Dates

| Name of facility exactly as stated on the license | License/Certificate # | | | |
|---|-----------------------|----------|--------|--|
| City of Salina – Sports Physical Educa | 00. | 76850 | | |
| Address of the Facility | City | Zip Code | County | |
| 140 N. Fifth | Salina | 67401 | Saline | |

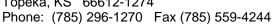
I give permission for my child,______, to attend the following off-premise field trips with <u>Fieldhouse Summer Camp Staff</u> representatives of the above named facility between the dates of <u>May 31, 2022</u> and <u>July 22, 2022</u>. I understand that my child may walk or be transported by vehicle to these locations.

| | Parent Signature | | |
|--------------------------------------|----------------------------------|-------|--|
| Location | Address | Notes | |
| 1. Kenwood Cove | 701 Kenwood Dr., Salina | | |
| 2. Lakewood Middle School | 1135 Lakewood Circle, Salina | | |
| 3. The Alley | 115 W. Ash, Salina | | |
| 4. Rolling Hills Wildlife | 625 N. Hedville Rd., Salina | | |
| 5. Lakewood Discovery Center | 1323 E. Iron, Salina | | |
| 6. Salina Fieldhouse | 140 N. 5 th , Salina | | |
| 7. Oakdale Park | 730 Oakdale Dr., Salina | | |
| 8. Sunset Park | 700 W. Sunset Dr., Salina | | |
| 9. Community Access TV | 410 W. Ash, Salina | | |
| 10. Smoky Hill Museum | 8 th & Iron, Salina | | |
| 11. Salina Community Theatre | 303 E. Iron, Salina | | |
| 12. Salina Art Center | 242 S. Santa Fe, Salina | | |
| 13. Central Mall | 2259 S. 9 th , Salina | | |
| 14. Jerry Ivey Park | 2465 Edward, Salina | | |
| 15. Salina Municipal Golf Course | 2500 E. Crawford, Salina | | |
| 16. Bill Burke Park | 1501 E. Crawford, Salina | | |
| 17. Kenwood Park | 821 Kenwood Dr., Salina | | |
| 18. Oakdale Elementary School | 811 E. Iron, Salina | | |
| 19. Sky Gymnastics & Trampoline Park | 1815 S. 9 th , Salina | | |
| 20. Animal Shelter | 329 N. 2 nd , Salina | | |
| 21. Salina Police Department | 255 N. 10 th , Salina | | |
| 22. Salina Fire Department | 222 W. Elm, Salina | | |
| 23. Salina Public Library | 301 W. Elm, Salina | | |
| 24. Friendship Center | 746 Commanche | | |
| 25. Olivia's Playground | 323 Center St. Salina | | |
| 26. Dairy Queen | 321 N. 9 th , Salina | | |
| 27. The City Teen Center | 129 N. 7 th , Salina | | |
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CCL. 358 Rev. 5/2020

Kansas Department of Health and Environment

Bureau of Family Health Child Care Licensing Program 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



Website: www.kdheks.gov/kidsnet



HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

| Comp | lete or | ne form | for each child or youth attending | the School | I Age Prog | ram. | |
|--|----------|-----------|--|--------------|---------------|-------------------------------|--|
| First | and La | st Name | e of the Child or Youth Gende (M or | | | Date of Birth (MM/DD/YYYY) | First day at this program: (MM/DD/YYYY) |
| First | and La | st Name | of the Child's or Youth's Mother or G | Guardian | | | |
| Moth | er/Guai | rdian's F | Home Street Address | City | | Zip Code | Home Phone # |
| Moth | er/Guai | rdian's V | Nork Place Name & Street Address | City | | Zip Code | Work Phone # |
| Final | | of Nome | of the Children Vouth's Fother or C | | | | () |
| rirst | and La | st Name | of the Child's or Youth's Father or G | uardian | | | |
| Fathe | er/Guar | dian's H | ome Street Address | City | | Zip Code | Home Phone # |
| Father/Guardian's Work Place Name & Street Address | | | | City | | Zip Code | Work Phone # |
| Name | es and a | ages of o | other children in the Child or Youth's | Family (Atta | ach additiona | al page if needed | .) |
| case | of eme | rgency. | d to pick up the Child or Youth in Include first and last name and ach additional page if needed. | City | | Zip Code | Phone Number (during program hours): |
| 2. | | | | | | | |
| 3. | | | | | | | |
| First | and La | st Name | of Physician & Street Address | City | | Zip Code | Phone Number |
| Name | of Hos | spital Pr | eference in case of emergency. | | | | |
| | | | | | | | |
| Yes | No | N/A | Complete the following information about medications for this child or youth. | | | | |
| | | | Will this child or youth need to take any nonprescription or prescription medication during their time at the program? | | | | |
| | | | If yes above, is there signed permission on file? | | | | |

| Their: Please describe. If you circled any of the above conditions, please provide additional information that will help the staff members meet thind's or youth's needs while attending the program. (Attach additional page, if needed.) Provide additional information about your child or youth that might affect him/her while at the School Age Program netuding any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional sage, if needed. Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahom the previous year? If yes, are this child's or youth's immunization current? If yes to both of these questions, you must complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child youth or attach a copy of the child's or youth's immunization history. Base give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY. DPT, DT*, TD (*DT only if child is allergic to DTP) MMR If no to either of the above questions, you must completed by this child or youth. Record MM/DD/YYYY. The policy of the child's provided by this child or youth. Record MM/DD/YYYY. RUBEOLA (MEASLES) MUMPS RUBEOLA (MEASLES) HIB (Hemophilus Influ. B) *RECOMMENDED // // // // // // // // // // // // // | Circle | any of th | e following co | onditions or difficulties that affe | ect this child or | youth. | | | |
|--|---------------|-----------|-----------------|-------------------------------------|-------------------|-----------------------|-------------------|------------|---------------------|
| Insion Speech/Communication Hearing Emotion/Behavior Dither: Please describe. If you circled any of the above conditions, please provide additional information that will help the staff members meet thinlid's or youth's needs while attending the program. (Attach additional page, if needed.) Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional age, if needed.) Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahom the previous year? If yes to both of these questions, you must complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child youth or attach a copy of the child's or youth's immunization history below for this child use give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY. DPT, DT*, TD (*DT only if child is allergic to DTP) POLIO MMMR If I Q I D ONLY I D | Allergi | es | | Frequent sore throats/ colds | Ear Infection | ns or Acl | hes H | eart or Lu | ing Conditions |
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| If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child youth or attach a copy of the child's or youth's immunization history. Single RUBEOLA (MEASLES) | | | the previou | s year? | - | oublic sch | nool in Kansa | ıs, Missou | ıri or Oklahoma |
| youth or attach a copy of the child's or youth's immunization history. ase give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY. 1 2 3 4 5 DPT, DT*, TD (*DT only if child is allergic to DTP) | | | If yes to bot | th of these questions, you do N | OT need to cor | | | | |
| 1 | | | | | | | | ory boloti | - Tor time ormic or |
| DPT, DT*, TD (*DT only if child is allergic to DTP) | ase giv | ve dates | in the space I | pelow for ALL immunization ser | - | | | | |
| POLIO | | DPT. I | DT*. TD (*DT o | only if child is allergic to DTP) | // | // | // | | |
| Single RUBEOLA (MEASLES) / / / Dose Only MUMPS | | | | | | / / | / / | / / | |
| Only MUMPS RUBELLA (GERMAN MEASLES) HIB (Hemophilus Influ. B) *RECOMMENDED / / / / / / / / / / / / / / / / / / | | MMR | | | / / | / / | | | |
| Only MUMPS RUBELLA (GERMAN MEASLES) HIB (Hemophilus Influ. B) *RECOMMENDED HBV (Hepatitis B Vaccine) *RECOMMENDED VAR (Varicella-Chicken Pox) *RECOMMENDED rint the First and Last Name of the Person Completing this Health History form Relationship to the Date Completed Relat | Single | RUBE | OLA (MEASLE | ES) | / / | / / | | | |
| MUMPS RUBELLA (GERMAN MEASLES) HIB (Hemophilus Influ. B) *RECOMMENDED / / / / / / / / / / / / / / / / / / | Dose | | | | | | | | |
| RUBELLA (GERMAN MEASLES) HIB (Hemophilus Influ. B) *RECOMMENDED / / / / / / / / / / / / / / / / / / | Only | | | | | | | | |
| HIB (Hemophilus Influ. B) *RECOMMENDED / / / / / / / / / / HBV (Hepatitis B Vaccine) *RECOMMENDED / / / / / / / / / / / / VAR (Varicella-Chicken Pox) *RECOMMENDED / / / / / / / / / / / / / / / / / / | | | | NIMEACLEC) | | | | | |
| HBV (Hepatitis B Vaccine) *RECOMMENDED / / / / / / / / / / / VAR (Varicella-Chicken Pox) *RECOMMENDED / / / / / / / / / / / / / / / / / / | | | | · · | | | | T / / | _ |
| VAR (Varicella-Chicken Pox) *RECOMMENDED / / rint the First and Last Name of the Person Completing this Health History form Relationship to the Date Completing | | , | | , | | | | / / | |
| rint the First and Last Name of the Person Completing this Health History form Relationship to the Date Comple | | , | | , | | / / | / / | | |
| | | VAR (| Varicella-Chicl | (en Pox) *RECOMMENDED | / / | | | | |
| | Print th | e First a | nd Last Name | of the Person Completing this | Health History | form | | | Date Complete |
| the Health History form was completed by a person other than a Parent/Guardian, ho provided you with this information? What is that person's relationship the child/youth? | | | | | than a Parent/0 | Guardian, | | | 's relationship to |
| attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and cor signature of person completing this form Date Signed | | | | | wledge, the info | ormation | provided on t | | |

CCL 010 Rev. 5/2020 Kansas Department of Health and Environment Bureau of Family Health 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



Child Care Program: (785) 296 -1270 Fax: (785) 559-4244

Website: www.kdheks.gov/kidsnet

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

| City of Salina Fieldhouse Summer Car | np | | License # 0076850 | | |
|---|-------------------------|------------------------------------|--|--|--|
| | | | | | |
| I authorizeAll City of S | Salina Staff | (caregiver/stafi | f) who is (are) representative(s) of the | | |
| above-named facility to give consent for a | ny and all necessary er | mergency medical care for my ch | ild or | | |
| youth | | first and last name) while child o | or youth is in the facility's custody | | |
| between o5/31/2022 and and | 07/22/2022 | · | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | |
| Is child covered by health insurance? I | □ Yes □ No | | | | |
| If yes, complete the following: | | Police | y Number | | |
| | | | rd Number | | |
| Military Medical Care I.D. Numbe | | | | | |
| If known, date of last Tetanus inoculation: | | | | | |
| | MM/DD/ | YYYY | | | |
| List any known allergies or other inform | nation about the med | ical conditions of this child or | youth pertinent in case of emergency: | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Signature of Parent or Guardian | | | Date Signed | | |
| | | | | | |
| | | | | | |
| Witness to Parent's or Guardian's sign | nature if required by t | he local hospital or clinic. | Date Signed | | |
| | | | | | |
| Notarization of Parent's or Guardian's | signature if required b | by local hospital or clinic. | | | |
| State of Kansas County of | | | | | |
| • | | | | | |
| Signed or attested before me on | | - | | | |
| | MM/DD/YYYY | Name of Pers | son | | |
| (Seal, if any.) | | | | | |
| | | 0: | | | |
| | | Signature of notarial office | r | | |
| | | | | | |
| | | Title (and Rank) | | | |
| | | My appointment expires: _ | | | |
| | | | | | |

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.