

THE COMMON SCHOOL SUMMERFUN 2018 EMERGENCY INFORMATION

CHILD'S NAME _____

PARENT NAME _____

PARENT NAME _____

WORK/DAY PHONE _____

WORK/DAY PHONE _____

CELL PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

PHYSICIAN _____

HEALTH INSURANCE _____

PHONE _____

POLICY NUMBER _____

DENTIST _____

DENTAL INSURANCE _____

WHO IS THE CHILD LIVING WITH? (If custody is shared, please specify child's schedule)

IF PARENTS RESIDE SEPARATELY, IS DUPLICATE CORRESPONDENCE REQUESTED?

ALTERNATE PERSON TO CALL IN THE EVENT THAT IT IS IMPOSSIBLE TO REACH A PARENT:

NAME _____ DAY TIME PHONE _____

RELATIONSHIP _____

NAME _____ DAY TIME PHONE _____

RELATIONSHIP _____

IS THERE ANY INFORMATION THE SCHOOL SHOULD HAVE ABOUT YOUR CHILD IN THE EVENT OF AN EMERGENCY? Please include any allergies, chronic health or developmental conditions, medications and specific emergency contact information you would like us to follow: (please add an additional page if necessary)

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POLICIES AND PARENTAL AUTHORIZATIONS**

POLICY REVIEW: Parents have the right to review background heck, health care, disipline policies and grievance procedures upon request.

AUTHORIZATION TO TRANSPORT: Many parents use car pools or sitters to transport children to and from School. Regulations require us to have written authorization for someone other than a parent to take a child from school. You may revise this list anytime through a written notice to the Office.

“I authorize the following people to pick up my child from school:”

Parent Signature

Date

PUBLICITY: Please sign below if the School has your permission to use photos of your child in future advertising and publicity in print or on The Common School web site.

Parent Signature

Date

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MEDICAL POLICIES

A. IMMUNIZATIONS AND PHYSICAL EXAMS

The Common School complies with all Public Health guidelines and state laws in requiring medical and immunization records for all students. All students must submit appropriate medical records to attend camp. Medical forms must indicate all immunization dates, any known allergies or chronic health conditions, lead screenings, date of most recent physical exam, and general state of health. All children must be immunized against measles/mumps/rubella (MMR), Polio, diphtheria/tetanus/pertussis (DTP), haemophilus influenza type B (Hib), Hepatitis B, and varicella (chicken pox), unless written medical or religious exemption is submitted, as allowed by law. No child may attend The Common School until the above medical requirements are met.

B. ILLNESS

All parents are required to report any contagious illness to the Office. Children with contagious illnesses must be kept home until the contagion passes. The School seeks the advice of consulting physicians and the Board of Health in setting policy for the length of time children with communicable illnesses must be excluded from school. If a child becomes ill at school, the Director or office staff will check symptoms/complaints. Parents will be asked to pick up children with contagious symptoms such as vomiting, diarrhea, or fever. In the case of prolonged complaints of illness without symptoms, the School will contact parents, describe conditions, and defer decisions of whether or not to send a child home to the parent.

C. INJURY

If a child is injured at school, First Aid certified staff will respond. Minor injuries will be cleaned and bandaged or treated appropriately with ice. Parents will be notified of any injury, such as a blow to the head, that may involve longer repercussions. A central injury log, detailing any injury occurrence and first aid given, is maintained in the Office. In the case of serious or life threatening illness or injury, emergency medical services will be called first, and then parents contacted. Trained staff will treat symptoms in order of their severity, insuring that airways remain open, circulation continues and severe bleeding is stopped. Further steps will be taken only to keep a child comfortable until help arrives.

Acknowledgement of Medical Policies

"I have read and comply with the stated policies. I authorize the School to administer first aid as appropriate to my child, or to have my child transported by ambulance to an emergency medical facility if necessary."

Parent Signature

Date

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E. MEDICATIONS (please complete in full if your child requires medication to be administered during camp hours)

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian)

Name of Camper: _____ Age: _____

Parent/Guardian Name: _____

Food/Drug Allergies: _____

Home Telephone: _____

Diagnosis (at parents discretion): _____

Business Telephone: _____

Emergency Telephone: _____

Name of Licensed Prescriber: _____

Business Telephone: _____

Emergency Telephone: _____

Name of Medication: _____

Dose given at camp: _____ Route of

Administration: _____

Frequency: _____ Date Ordered: _____

Duration of Order: _____ Quantity

Received: _____

Expiration date of Medications Received: _____

Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (at parents' discretion): _____

Location where medication administration will occur: _____

Authorization to Administer Medication to a Camper (2)

I hereby authorize _____ (NAME OF CAMP) to administer, to my child,
_____ (Name of Child) the medication(s) listed above, in accordance with 105 CMR
430.160.

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent of guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

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Parent/Guardian Signature: _____ Date: _____