



WESTMINSTER

Dear Summer Camp Parents,

Thank you so much for choosing the City of Westminster Summer Camp program. We have attached the Parent Manual and all of the forms needed to begin Summer Camp. Please bring all paperwork with you to the Parents meeting either on May 19th or May 22nd. We are looking forward to a great summer if you have any questions or concern feel free to call me at 303-658-2219.

Sincerely,

Cindy McDonald
Recreation Specialist Youth/Teen programs

City of Westminster 2012 Summer Camp Parent Manual



All Parent Meetings will be held at
City Park Recreation Center
May 19th and May 22nd.
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 environment for all children.
- To provide a program that offers a variety of activities that meet all participants needs and interests while encouraging 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."

PROGRAM INFORMATION

MANDATORY PARENTS MEETING:

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

Saturday May 19, 2012

New Campers: 9:00am

Returning Campers: 10:00am

or

Tuesday May 22, 2012

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 5-Age 9** (5 year olds must have completed kindergarten)

Ultimate Adventure Camp: Age 10-Age 14 *City Park only

Dates: **May 29- August 16**

Days: Monday-Friday

Time: 8:00 am - 4:00 pm M-F

*extended day 6:45-8:00am and 4:00 - 6:15pm, additional fee applies

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 themselves 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)

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 PRIOR TO YOUR CHILD ATTENDING CAMP

EMERGENCY CARD COMPLETELY FILLED OUT AND SIGNED

CHECKLIST COMPLETED AND SIGNED (BACK PAGE OF MANUAL)

IMMUNIZATION RECORDS

MEDICATION FORMS IF NEEDED

***Please bring all paperwork at the parent meetings. If unable to attend EMAIL ALL Paperwork to cmcdonal@cityofwestminster.us prior to your child starting Camp.**

Forms are available online at www.cityofwestminster.us; click on park/rec under Newsletters.

REFUND/CANCELLATION POLICY:

A \$5 processing fee will be assessed 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 \$25 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 regular 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 the child staying late. Staff will not be responsible for your child! Program hours are Monday-Friday 8am to 4:00pm . You may also choose to register for extended hours of 6:45-8:00 am and 4:00-6:15 pm for an additional cost of \$5.00 per day.

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 shelter is reserved for our use, but the pavilion and playgrounds are 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 Site Supervisor/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 Site Supervisor/Recreation Specialist to determine the steps to be taken to ensure the safety of everyone.

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 Site Supervisor'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 special events. 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 returned washed 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 animal sources 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 toilet articles, 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.

PARTICIPATION 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 Site Supervisor/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	Site Supervisor
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 may 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 Site Supervisor and Recreation Specialist will be notified of evacuation, the location, and status of the group.
5. Site Supervisor 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. Park 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. Prescriptive medicine containers must bear 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.

NEW THIS YEAR

The City of Westminster Summer Camp is proud to announce that we will be providing Sunscreen for all summer campers! We will be providing SPF 30 sunscreen, and we will have the children apply the sunscreen throughout the day. There is no additional fee for this as the \$25 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.

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.

Child 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 was 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 - only 1 of 2 camps have a sink facility
2. Limited restroom facilities - 1 park uses San-o-lets
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.

Bullying

City of Westminster Summer Camp Bullying Policy

Bullying

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 Youth Program is committed to:

- *creating a "caring majority" 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 on-site 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.

*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 Supervisor 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

Parent/ Guardian Checklist and Signature

Parent/Guardian
Initials

Please submit with registration paperwork

I have received a copy of the Parent Manual and I will read it to make sure I fully understand camp policies.

A \$5 processing fee will be assessed 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 \$25 registration fee will not be refunded.

My child must wear their camp T-shirt on Field trip 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. If the loaner t-shirt is returned washed to summer camp staff, a \$5 refund will be given.

I understand that all paperwork, including a copy of my child's immunization record, emergency card, medical forms (if needed), and this checklist, needs to be submitted at the parent meetings. If unable to attend parent meetings I will EMAIL ALL Paperwork to cmcdonal@cityofwestminster.us prior to my child starting Summer Camp.

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.

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.

- *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:

- *Toilet Paper Rolls
- *Paper Towel Rolls
- *Baby Food Jars
- *Empty Kleenex/ Tissue Boxes
- *Empty Plastic Waterbottles (please wash them out before bringing them!)

Adventure Camp Emergency Card 2012

Site Attending _____

Child's Name _____ Birth Date _____ Age _____ Female ___ Male ___
 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

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 _____

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:

Ultimate Adventure Camp Emergency Card 2012

Site Location City Park

Child's Name _____ Birth Date _____ Age _____ Female__ Male__
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

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 Ultimate 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 Ultimate 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 _____

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:

COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

VACCINE		Enter date each immunization was given			
DTaP	Diphtheria-Tetanus-Pertussis (see footnote "c" below)				
Td/DT	Tetanus-Diphtheria				
OPV/IPV	Polio				
Hib	<i>Haemophilus influenzae</i> type b				Required for children < 5 yrs. of age. (see footnote "j" below)
Measles	Measles				Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements. Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio, and hepatitis B is acceptable. Attach written proof to this Certificate or record test results and dates in the boxes at left.
Mumps	Mumps				
Rubella	Rubella				
HB	Hepatitis B				
Varicella	Chickenpox				History of disease. Yes _____ year (optional) _____ (see footnote "e" below)
Other					

To the best of my knowledge, the person named above has received the above immunizations.

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

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

Vaccine	Level of School/Age of Student									
	Child Care 2-3 mos	Child Care 4-5 mos	Child Care 6-14 mos	Child Care 15-17 mos	Pre-school 18-23 mos	Pre-school 24-35 mos	Pre-school 3-4 yrs	Grades K-12 5-18 yrs	College	
Pertussis	1	2	3	3	4*	4*	4*	5b,+,c,*		
Tetanus/Diphtheria	1	2	3	3	4*	4*	4*	5b,+,d,*		
Polio ^e	1	2	2	2	3	3	3	4f,+		
Measles/Mumps/Rubella ^{e,g,+}				1	1	1	1	2 ^h	2 ^{h,i}	
<i>Haemophilus influenzae</i> type B ⁺	1	2	2	3/2/1 ^j	3/2/1 ^j	3/2/1 ^j	3/2/1 ^j			
Pneumococcal Conjugate ^{a,+}	1	2	3/2 ^k	4/3/2 ^k	4/3/2 ^k					
Hepatitis B ⁺	1	2	2	2	3	3	3	3		
Varicella ⁺					1 ^g	1 ^g	1 ^g	1 ^g		

See Table 2 (on back of certificate) for the year of implementation of Measles, Mumps, and Rubella (MMR-second dose) and Varicella (VAR).

Footnotes:

*—The requirements for the 4th and 5th doses of diphtheria, tetanus, and pertussis vaccines will be reinstated September 15, 2004.

+—Vaccine doses administered ≤ 4 days before the minimum interval or age are counted as valid.

a—This requirement is indefinitely suspended.

b—Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at ≥ 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

c—For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required.

d—Any student ≥ 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose if it is given > 6 months after the 2nd dose.

e—For polio, measles, mumps, rubella, or hepatitis B, in lieu of immunization, written evidence of a laboratory test showing

immunity is acceptable for the specific disease tested. For varicella, a laboratory test showing immunity or a disease history from a health care provider, parent, or guardian is acceptable.

f—Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

g—The 1st dose of measles, mumps, and rubella vaccine and varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

h—If the student received a 2nd measles dose prior to July 1, 1992, the 2nd rubella and mumps doses are not required. The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

i—Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.

j—The number of *Haemophilus influenzae* type b (Hib) vaccine doses required depends on the student's current age and the age when the Hib vaccine was administered. If any dose is given ≥ 15 months, the Hib vaccine requirement is met. For students who begin the series < 12 months, 3 doses are required of which at least 1 dose must be administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose is given at 12-14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

k—The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) ≤ 6 months of age, 3 doses are required at 6-14 months and 4 doses are required at 15-23 months of age with 1 dose administered on or after the 1st birthday; (ii) 7-11 months of age, 2 doses are required at 6-14 months and 3 doses are required at 15-23 months of age with 1 dose on or after the 1st birthday; (iii) 12-23 months of age, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

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!

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 _____