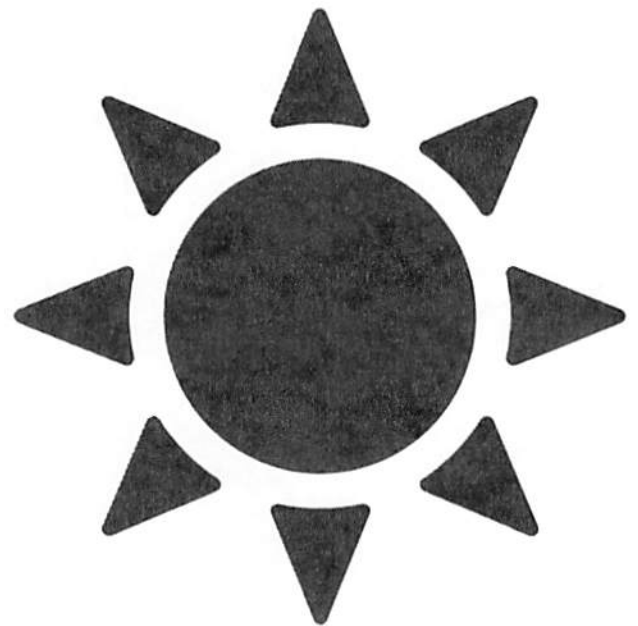




**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

CAMP NEEHI CAMP CURIOSITY

**WHERE THE
ADVENTURE
BEGINS**



Parent Handbook

DAVIS FAMILY YMCA
45 McClurg Rd
Boardman, OH 44512
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Updated 3/18/21

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INTRODUCTION

In the interest of making your child's experiences at YMCA Camps enjoyable and to provide for his or her health and safety, please take time to read this handbook. Please ask any questions or discuss any concerns you might have with the appropriate camp director/staff.

Our Mission...To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Our Cause...Youth development, healthy living, social responsibility.

Our Values...Building character through the promotion of Caring, Honesty, Respect and Responsibility.

Our Promise...Strengthening the foundation of community.

PROGRAM PHILOSOPHY

The camp philosophy for the YMCA of Youngstown, as well as the YMCA of the USA, is to help participants grow spiritually, mentally, and physically through a variety of activities that promote character development, sportsmanship, and teamwork. Under the guidance of well-trained staff, YMCA camp programs can give children an experience that will last a lifetime.

CAMP GOALS

As with all YMCA programs, our camp programs are designed to help each participant grow personally, learn values, improve personal and family relationships, appreciate diversity, become better leaders and supporters, develop specific skills, and have fun!

REGISTRATION PROCESS

- Camp Neehi is open to children 3-5 years of age. **3-year-olds must be fully potty-trained in order to attend camp.** We keep children in their age-specific groups for developmental and age-appropriate activities.
- Camp Curiosity is for 6-9 years of age.

Children are enrolled on a first come, first served basis. Any child with special needs will be discussed with the Camp Coordinator/Director and the child's parents. Efforts will be made to accommodate special needs circumstances. Please see the Camp Director for more information on our accommodations for those with special needs.

The camp program will not discriminate in the employment of staff or the enrollment of children based on race, color, religion, sex, or national origin.

To complete enrollment of your child at Camp, you will need to first fill out and return the following information at time of registration:

- Handbook Acknowledgement
- Swim/Video Release
- Child Enrollment and Health Information (please share any additional information on the form about your child, especially special needs and allergies).
- Escort Form
- Medication Administration/Medical Care plan (if needed)

PAYMENT SCHEDULE

- Payments are due in full upon registration for Camp.
- All fees must be paid by the Friday prior to the week you wish your child to attend.
- Any payments made after Friday at 9:00 p.m. will be assessed a \$20.00 late fee.

WITHDRAWAL POLICY

Because we have secured staff and supplies to provide a quality experience for your child, please notify the director if your child is unable to attend camp. If the director has not been notified in writing, no refunds/credits will be given.

ABSENCES

The YMCA is a not-for-profit institution. We base our operating costs on annual registration projections. In order to continually assure the highest quality of staff, equipment and supplies, we cannot offer fee reductions for absences if not put in writing.

EXTRA CHARGES

1. Returned checks result in a \$20 minimum charge. Recurrent returned checks result in "cash only" terms.
2. A late pick up fee of \$10 is charged for a period of 15 minutes after camp ends and one dollar per minute thereafter. After three offenses, the parent will be required to meet with the director to discuss possible solutions to the problem.

Check Camp Program Guide for Parent Orientation Dates. Please register for Parent Orientation, staff will review helpful information for that first day of camp. It is important that parents familiarize themselves with the program. All concerns about your child's care should be promptly resolved with the Camp Director.

All children must be signed in upon arrival and signed out when departing. The staff will release children only to those persons designated by the parent on the escort form. The staff require proper photo identification from any person authorized to pick up a child. Please be on time. A late pick up fee will be assessed if later than 15 minutes.

- Drop-Off – D.O.R.A (Davis Outdoor Recreation Area) Playground Entry Gate
- Pick-Up – D.O.R.A Playground Entry Gate/Family Locker Room Hallway
- Rain Day Drop-Off – Multi-Purpose Room

CAMP NEEHI DAILY SCHEDULE

3 year olds:

9:15 - 9:45 a.m.	Sign in at Playground Gate/Free Play Time
9:45 - 10:00 a.m.	Opening Ceremony at Pavilion 3
10:00 - 10:15 a.m.	Bathroom breaks/ Wash hands
10:20 - 10:40 a.m.	Snack (<u>NO NUT, APPLE OR EGG PRODUCTS PLEASE</u>)
10:45 - 11:15 a.m.	Games
11:20 - 11:50 a.m.	Craft
11:55 - 12:25 p.m.	(Monday) Swimming in the Indoor Rec Pool (Wednesday) Devotion & Storytime in Pavillion (Friday) Multi-Purpose Room Activity
12:30 p.m.	Dismissal & Sign Out

4 year olds:

9:15 - 9:45 a.m.	Sign in at Playground Gate/Free Play Time
9:45 - 10:00 a.m.	Opening Ceremony at Pavilion 3
10:00 - 10:15 a.m.	Bathroom breaks/ Wash hands
10:20 - 10:40 a.m.	Craft
10:45 - 11:15 a.m.	Snack (<u>NO NUT, APPLE OR EGG PRODUCTS PLEASE</u>)
11:20 - 11:50 a.m.	Games
11:55 - 12:25 p.m.	(Monday) Multi-Purpose Room Activity (Wednesday) Swimming In the Indoor Rec Pool (Friday) Devotion & Storytime in Pavilion
12:30 p.m.	Dismissal & Sign Out

5 year olds:

9:15 - 9:45 a.m.	Sign in at Playground Gate/Free Play Time
9:45 - 10:00 a.m.	Opening Ceremony at Pavilion 3
10:00 - 10:15 a.m.	Bathroom breaks/ Wash hands
10:20 - 10:40 a.m.	Games
10:45 - 11:15 a.m.	Craft
11:20 - 11:50 a.m.	Snack (<u>NO NUT, APPLE OR EGG PRODUCTS PLEASE</u>)
11:55 - 12:25 p.m.	(Monday) Devotion & Storytime in Pavilion (Wednesday) Multi-Purpose Room Activity (Friday) Swimming in the Indoor Rec Pool
12:30 p.m.	Dismissal & Sign Out

CAMP CURIOSITY SCHEDULE

6 & 7 YEAR OLDS:

8:45 – 9:00 a.m.	Sign in – Outdoor Pool entry/Go to pool deck
9:00 – 9:50 am	Swimming-Outdoor Pool
9:55 – 10:20 am	Change after swimming –Locker Rooms
10:20 – 10:30 am	Bathroom/Wash hands
10:30 – 10:55 a.m.	Snack (No nut products)
10:55 – 11:15 am	Opening Ceremony & Pledge of Allegiance
11:15 am – 11:45 pm	Craft
11:50 am – 12:20 pm	Game
12:20 –12:50 pm	Small Group Activity/Discussion
12:50 – 1:00 pm	Prepare for dismissal
1:00 p.m.	Sign out – Drive up to outdoor pool gate

8 & 9 YEAR OLDS:

8:45 – 9:00 a.m.	Sign in – Outdoor Pool entry/Go to pool deck
9:00 – 9:50 am	Swimming-Outdoor Pool
9:55 – 10:20 am	Change after swimming –Locker Rooms
10:20 – 10:30 am	Bathroom/Wash hands
10:30 – 10:55 a.m.	Snack (No nut products)
10:55 – 11:15 am	Opening Ceremony & Pledge of Allegiance
11:15 am – 11:45 pm	Small Group Activity/Discussion
11:50 am – 12:20 pm	Craft
12:20 –12:50 pm	Game
12:50 – 1:00 pm	Prepare for dismissal
1:00 p.m.	Sign out – Drive up to outdoor pool gate

ARRIVALS & DEPARTURES

In order to promote a sense of independence and age-appropriate socialization, we suggest that parents encourage their children to meet new friends and enjoy a camp-like atmosphere by making your departure a positive and smooth transition.

All children are our staff's responsibility once they are signed into our program.

SAFETY, HEALTH AND SUPERVISION

DISCIPLINE POLICY: We believe that children need to become independent, self-sufficient individuals with the ability to engage in active problem solving; therefore, we encourage the development of self-discipline skills by:

1. Setting realistic limits for children based on the individual developmental needs.
2. Planning an environment which is developmentally appropriate, and which encourages children to develop responsibility and independence within the developmentally appropriate limits for their age.

The following approaches are unacceptable:

1. Using physical restraint to confine children.
2. Humiliating and/or shaming children.
3. Using profane language or other verbal abuse.
4. Delegating discipline to any other child.
5. Discipline shall not be imposed on a child for failure to eat or for toilet accidents.
6. Placing children in time out for more than 5-10 minutes.
7. Using unusual, harsh, and/or cruel punishments.
8. Staff shall not abuse or neglect children and shall protect children from abuse and neglect while in their care.

In rare cases where children exhibit inappropriate behavior, we will redirect the child's activity or remove the child from the situation for a very short time. If a situation occurs where a child uses physically aggressive behavior towards another child or counselors/volunteers, the Coordinator/Director will discuss this with the parents. After the second incident, your child will not be able to attend camp.

HEALTH & SAFETY

All common and reasonable efforts to ensure safety are made at all times.

1. Emergencies and accidents will be handled as requested by the parent(s) per emergency forms.
2. No child shall be left alone or unsupervised.
3. There is immediate access at all times to a working telephone.
4. There is a Fire Emergency and Weather Alert plan for each site, which explains action to be taken and staff responsibilities in case of fire emergency and weather alerts. (The plan shall include a diagram showing primary and secondary evacuation routes where there are camps using buildings.)
5. We have a plan for Water Safety, including swimming and other water activities.
6. When walking near the parking lot, extreme caution must be taken.
7. When an accident or injury occurs, the YMCA shall complete an incident report. Every attempt will be made to contact the parent or legal guardian if a child is seriously injured.
8. Camp Director or Lead Counselors will notify parents of any emergency.

SWIMMING AND WATER SAFETY

There shall be written permission from the parent or legal guardian of a child, before a child shall be permitted to swim or otherwise participate in water-based activities. The written permission sheet shall be signed, dated, and shall include the following:

1. The child's name.
2. A statement indicating whether the child is a swimmer or a non-swimmer.
3. That the parent or legal guardian grants permission for the child to participate in water activities.

* Please pack spray-on sunscreen so campers can apply sunscreen themselves. Camp Neehi campers should have parents apply sunscreen prior to dropping off at camp.

The YMCA shall provide Camp staff members during swimming and water play activities. Certified Lifeguards will also be present when the children are participating in a swimming activity.

Safe Pools Have Rules

TEST– All children who want to swim in water deeper than their chest must pass the swim test. The YMCA reserves the right to test any swimmer regardless of age.

STEP 1: Jump into water and tread water for 20 seconds while keeping ears and face above water.

STEP 2: Perform a back float with ears under water and chest near the surface.

STEP 3: Swim down to the opposite end unassisted and without resting.

Swimmer maintains a horizontal body position.

MARK – All children must wear a wristband to designate his/her swimming ability

Red: Non-swimmer whose chest height is lower than 42 inches and has not passed the swim test this year.

Yellow: Non-swimmer whose chest height is 42 inches or higher and has not yet passed the swim test this year.

Green: Swimmer who has passed the swim test this year.

PROTECT – All non-swimmers must remain in shallow water unless accompanied by a parent or guardian (16+) within arm's reach [5 ft. area only] – child to adult ratios are 3:1 when using lifejackets; 1:1 without lifejackets. All children ages 5 and under must be within arm's reach of a parent or guardian regardless of swimming ability.

Non-swimmers wearing a **Striped** wristband must be wearing a Coast Guard approved lifejacket and be within arm's reach of a staff person (16+ years of age).

CHILD ABUSE AND NEGLECT

A staff member shall immediately notify his or her supervisor when the staff member suspects that a child has been abused or neglected. A child will always be safe from any form of abuse or neglect when in the care of the YMCA. No YMCA staff are permitted to babysit members that they meet while working at our camps.

SEXUAL OFFENDER NOTIFICATION

As of July 1, 1997, Ohio law requires that sex offenders register with the Sheriff of the county in which they reside. Following such registration, the Sheriff must provide in writing certain information to a variety of entities including childcare providers. And if notices are received, they will be placed with the sign in/out sheet at the applicable site. More information can be obtained by calling your local sheriff's office or visiting their Web site. Listed below are the phone numbers for Mahoning and Columbiana Counties.

Boardman Police Department (330) 726-4144

Mahoning County Sheriff (330) 740-2370

MEDICAL EMERGENCY PLAN

First Aid Kits are available and accessible to staff at all times.

Emergency Phone Numbers: Emergency 911 - Davis YMCA (330) 480-5656

All Camps have staff members trained in First Aid/CPR during the hours of operation.

In case of an emergency, the Camp Coordinator and Program Director are to be notified immediately. If the Camp Coordinator is not available, then the next senior staff member is to be notified. The Camp Coordinator then immediately notifies the parent or legal guardian and make contact with the appropriate emergency phone contact. If the parent or legal guardian cannot be reached, the requested adult and child's physician will be notified. If necessary, the child will be transported by the life-squad to the hospital listed on the paperwork.

In case of illness of a child, he/she will be cared for by either the Camp Director or other staff member while the parent or legal guardian or requested adult is notified and in route.

The Ohio Department of Job & Family Services' Dental First Aid form is available at the site. Camp Staff members will follow procedures indicated on the Dental First Aid chart in case of dental emergency.

MANAGEMENT OF COMMUNICABLE DISEASE

1. A staff person is trained to recognize the common signs of communicable disease and other illness through First Aid training and "Childhood Disease" training certified by the Red Cross, a licensed physician, or a registered nurse. All staff is trained in the proper hand washing and disinfecting procedures. A staff person trained as explained above will observe each child during the camp day.
2. A copy of the "communicable disease" policy will be given to each parent or legal guardian during the registration process.
3. A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to the parent or legal guardian:
 - a. Diarrhea (more than one abnormally loose stool within a twenty-four (24) hour period.)
 - b. Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.

- c. Difficult or rapid breathing.
 - d. Yellowish skin or eyes.
 - e. Conjunctivitis.
 - f. Temperature of one hundred (100) degrees Fahrenheit taken by the auxiliary method when in combination with any other sign of illness.
 - g. Untreated infected skin patch(es).
 - h. Unusually dark urine and/or gray or white stool.
 - i. Stiff neck.
 - j. Unusual spots or rashes.
 - k. Sore throat or difficulty in swallowing.
 - l. Elevated temperature.
 - m. vomiting.
 - n. Evidence of lice, scabies, or other parasitic infections.
4. A child will be readmitted to camp after he/she has been checked by a staff member trained in Communicable Disease, or another authorized person. There must be a twenty-four (24) hour period free of symptoms, including fever, before the child can return to camp.
 5. Parents will be notified in writing of any Communicable Disease that is present at camp.
 6. Those children experiencing minor common cold symptoms, or if the child does not feel well enough to participate in activities, but is not exhibiting any symptoms specified above, are classified as a mildly ill child. It is our policy to care for mildly ill children as long as the parent has been notified of the child's condition. The child will be watched for conditions or other symptoms that would result in the child's discharge.
 7. Administration of Medicine forms for medication, for allergic reactions or asthma, are included in the registration packet (if needed during program hours).
 8. Staff will not work in any capacity with children if they have symptoms of communicable disease unless a physician states that their illness is not contagious.

SNACKS

Please bring a healthy snack and drink each day. Children are not allowed to share food items because of known/unknown allergies, etc. Please, no apples, nuts, peanut products, or eggs.

DRESS

Each day children should dress for active/OUTDOOR play. Comfortable clothing and shoes made for running and climbing are a must. Please avoid flip-flops and open-toe sandals. Wear appropriate weather clothing. Please protect your child by applying sunscreen before you come. Since children will be outside and using water, paint, and other messy materials, it is best if children do not wear expensive or dressy clothing. The YMCA is not responsible for clothing that may become stained or dirty while at camp. A swimsuit must be worn under clothing for quick changing each day. Campers should bring a backpack that they can carry on their own with a beach towel and backup set of clothing. Please label all clothing and personal items.

WHAT CHILDREN SHOULD NOT BRING FROM HOME

Please Do Not Bring money and electronic equipment (phones, games, etc.). The YMCA will not be responsible for lost or stolen items.

ALLERGIES

If your child has an allergy to anything including, but not limited to food or medication it must be filled out on the Enrollment form.

Important information about severe allergies and Anaphylaxis

Some children are allergic to certain foods, medicines, insects and latex. When they come into contact with these things, they develop symptoms, such as hives and shortness of breath. This is known as an allergic reaction. Things that cause an allergic reaction are called allergens. Take all allergic symptoms seriously because both mild and severe symptoms can lead to a serious allergic reaction called anaphylaxis (anna-fih-LACK-sis).

The most common food allergies in infants and children are eggs, milk, peanuts, tree nuts, soy and wheat. They can also develop allergies to insect stings (from bees, wasps, yellow jackets and fire ants), latex (found in things such as balloons, rubber bands, hospital gloves) and to medicines, especially penicillin, sulfa drugs, insulin and non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen.

The symptoms of anaphylaxis may occur shortly after having contact with an allergen and can get worse quickly. You can't predict how your child will react to a certain allergen from one time to the next. Both the types of symptoms and how serious they are can change. So, it's important for you to be prepared for all allergic reactions, especially anaphylaxis. Anaphylaxis must be treated right away to provide the best chance for improvement and prevent serious, potentially life-threatening complications. Symptoms of anaphylaxis usually involve more than one part of the body such as the skin, mouth, eyes, lungs, heart, gut, and brain. Some symptoms include: Skin rashes and itching and hives; Swelling of the lips, tongue or throat; Shortness of breath, trouble breathing, wheezing (whistling sound during breathing); Dizziness and/or fainting; Stomach pain, vomiting or diarrhea; Feeling like something awful is about to happen. Your child's doctor will give you a complete list of symptoms.

If your child develops a severe allergy, keep an Emergency Plan with you and share it with other caregivers. You, your child, and others who supervise or care for your child need to recognize the signs and symptoms of anaphylaxis and how to treat it. Your child's doctor will give you a written step-by-step plan on what to do in an emergency. The plan is called an allergy emergency care plan or anaphylaxis emergency action plan. To be prepared, you, your child, and others who care for your child need to have copies of this plan.

Epinephrine is the medicine used to treat anaphylaxis. The emergency action plan tells you when and how to give epinephrine. You cannot rely on antihistamines to treat anaphylaxis. Learn how

to give your child epinephrine. Epinephrine is safe and comes in an easy-to-use device called an auto-injector. When you press it against your child's outer thigh, it injects a single dose of medicine. Your child's health care team will show you how to use it. You, in turn, can teach people who spend time with your child how to use it.

Always have two epinephrine auto-injectors near your child. Do not store epinephrine in your car or other places where it will get too hot or too cold. Discard if the liquid is not clear and replace it with it expires.

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City			State		Zip
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City			State		Zip
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- ☐ No
☐ Yes - *check all that apply* ☐ Food ☐ Medication ☐ Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- ☐ No
☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

- ☐ No
☐ Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- ☐ No
☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- ☐ No
☐ Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

- ☐ No
☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- ☐ No
☐ Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- ☐ No
☐ Yes - written instructions from the child's health care provider must be on file.
☐ N/A - program does not provide meals or snacks to the child.

Child's Name

Diapering Statement

Is your child toilet trained? ☐ Yes (If yes, skip to Emergency Transportation Authorization section)

☐ No (If no, fill out the following:)

The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	Do Not Give <u>Permission</u> to Transport	
Program or Home Name			Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☐ Yes ☐ No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)

Date

Administrator/Designee Signature

Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials

Date of Review

Administrator/Designee Initials

Date of Review

Parent/Guardian Initials

Date of Review

Administrator/Designee Initials

Date of Review

Parent/Guardian Initials

Date of Review

Administrator/Designee Initials

Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

☐ Not applicable

DAVIS FAMILY YMCA

ACKNOWLEDGEMENT

I acknowledge that I have read the Camp Parent Handbook and I am fully aware of the following:

- Program Philosophy
- Registration process, Fees, Refunds, Late Charges, and Withdrawals
- Camp Program Operations
- Discipline Policy
- Safety, Health, and Supervision
- Swimming and Water Safety
- Child Abuse or Neglect
- Sexual Offender Notification
- Arrivals and Departures
- Medical Emergency Policy
- Management of Communicable Disease
- What Children should and should not bring from home
- Camp Program Schedule

I have read and understand the fee arrangements and conditions detailed in the Parent Handbook. I agree to these conditions and will abide by them.

This acknowledgement must be placed in our files. Please sign the form and return along with your enrollment forms to the YMCA registration Site.

Child's Name

Please check Camp Attending:

☐

Camp Neehi for 3-5 yrs.

☐

Camp Curiosity for 6-9 yrs.

Parent or Legal Guardian's Signature

Print Name Parent/Guardian 1

Print Name Parent/Guardian 2

e-mail address # 1

e-mail address # 2

DAVIS FAMILY YMCA
SWIM PERMISSION SLIP

(Please Print)

I, _____, grant permission for my child, _____, to participate in swimming programs at the Davis Family YMCA. I understand that there will be a lifeguard on deck and staff will be present.

Child's Birthday: _____ Age _____ My Child is a ☐ Swimmer ☐ Non-swimmer

PARENT/GUARDIAN SIGNATURE

DATE

Date

PLEASE PRINT NAME

☐ I do not grant my child, _____, permission to participate in the swimming program at the YMCA. I understand my child will be kept to dry land activities.

DAVIS FAMILY YMCA
VIDEO RELEASE FORM

(Please Print)

During the course of Camp, your child may be filmed or photographed by the newspaper, TV stations, or YMCA staff for program promotions. These may be used for our publicity. Before your child appears in anything, we need you to fill out this form.

_____ I do give permission for my child to be photographed or video-taped.

_____ I do not give permission for my child to be photographed or video-taped.

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE PRINT NAME

DAVIS FAMILY YMCA
ESCORT FORM

CHILD'S NAME _____ CHILD'S HOME PHONE # _____ () _____

Please list all people who are authorized to pick up your child from the Davis Family YMCA Camp. Your child will not be released to anyone who is not on this list. Picture I.D. (Driver's License) will be required from adult picking up your child. Include the child's parents and/or guardians on this authorization. Please print.

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER

The above named people have my permission to pick up my child from the Davis Family YMCA Camp. I am aware that my child will not be released to anyone who is not on this list.

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE PRINT NAME

OPTIONAL PAPERWORK

Please use the attached forms only if your child has any of the following health conditions: asthma, food, severe seasonal or bee sting allergies, diabetes, or a seizure disorder.

1. Please fill out the Child Medical/Physical Care Plan in detail. Read each question carefully and answer as clearly as possible so staff know what signs/symptoms will occur and what directives to follow. A parent or physician is responsible for signing off that staff have been trained and/or informed on how to use the necessary medications, if needed. (ex: asthma inhalers, Epi-pens, etc.)
2. For medication to be administered during program hours please fill out the attached Request for Administration of Medication.
3. Over the counter medications (ex: Benadryl) must be in the original container and have child's age with appropriate dose. If it does not state a dose for your child's age, then a physician must sign the form as well.
4. For prescription medication, it must be in the original box or container with the label clearly marked with child's name, dose, and expiration date. Medication will be returned once expired or at the end of the summer program.
5. Please request extra forms (or make copies of the enclosed) if your child has more than one medical condition.

Any questions please speak to Camp Director or Camp Coordinator.

This form shall be completed for each prescription or non-prescription medication that a child needs to receive while in care.

It is not required to be completed for topical products, lotions, or if the medication is required by a health care plan (JFS 01236).

The following section must be completed by the child care staff member, family child care provider or in-home aide for the child listed on this form. All medication must be documented when administered. Incomplete information elevates the level of risk to children.

Child's Name _____

Name of Medication

[illegible]

Instructions

☐ See Attached

Possible side effects to watch for are

☐ See Attached

The child is under my care and should receive the above medication as written. I understand this form expires twelve months from the date of my signature.

Signature of licensed physician, licensed dentist, advanced practice registered nurse or
certified physician's assistant

Date of Signature

Phone Number

Ohio Department of Job and Family Services
REQUEST FOR ADMINISTRATION OF MEDICATION FOR CHILD CARE

<p>This form is to be completed for each prescription or non-prescription medication that a child needs to receive while in care.</p> <p>It is not required to be completed for topical products, lotions, or if the medication is required by a health care plan (JFS 01236).</p>		
Child's Name	Date of Birth <i>(if needed to determine the correct dosage)</i>	Weight <i>(if needed to determine the correct dosage)</i>
Box 1 The following section must always be completed by the parent/guardian.		
Name of medication		Dosage <input type="checkbox"/> See attached
To be administered at the following times	For the following period of time	Medication expiration date
<p><i>I understand:</i></p> <ol style="list-style-type: none"> 1. This form expires twelve months from the date of my signature, if box 2 has not been completed. 2. That my child must receive at least one dose of medication at home prior to the program administering the medication (unless the medication is used for emergencies). 		
Signature of Parent/Guardian		Date
Box 2 The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant when any of the following apply:		
<ol style="list-style-type: none"> 1. The nonprescription medication contains codeine or aspirin; 2. A physician's instruction is needed for a nonprescription medication; 3. The child does not meet the minimum age or weight requirements as listed on the label instructions on the nonprescription medication; 4. The nonprescription medication is to be given longer than three consecutive days within a fourteen-day period; 5. The intended use differs from the manufacturer's instructions or use 		

The following section must be completed by the child care staff member, family child care provider or in-home aide for the child listed on this form. All medication must be documented when administered. Incomplete information elevates the level of risk to children.

[illegible]

If the child care program must be evacuated, are there medications or supplies that must be taken with this child or does the child need additional assistance? <i>(Check all that apply)</i> <input type="checkbox"/> Medication <input type="checkbox"/> Supplies <input type="checkbox"/> Assistance <input type="checkbox"/> N/A				
Parent Provided Training AND grants permission to perform the procedure		Complete Only One Section	Certified Professional Training AND parent grants permission to perform the procedure	
<i>My signature indicates I have provided training for the medical procedure and I give my permission for the staff listed to perform the procedures in my child's medical/physical care plan.</i>			<i>My signature indicates I have provided training for the medical procedure</i>	
Parent Signature			Certified Professional's Name <i>(please print)</i>	
Date of Signature			Certified Professional's Signature	
			Date of Signature	Phone Number
			<i>My signature indicates I give my permission for the staff listed to perform the procedures in my child's medical/physical care plan.</i>	
			Parent Signature	
		Date of Signature		
Signatures of all child care staff members who have been trained in performing the procedure for this child.				
Printed Name		Signature		Date
Printed Name		Signature		Date
Printed Name		Signature		Date
Printed Name		Signature		Date
Printed Name		Signature		Date
<i>My signature indicates that I have reviewed the instructions for care, the form for completion and ensured staff are informed and trained.</i>				
Administrator/Provider Signature				Date of Signature
This form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, a new form must be completed.				
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review	
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review	
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review	

5. What are the expected results of the medication or medical foods?

6. What are the actions to be taken if symptoms do not subside?

7. What are the activities, foods, environmental conditions to avoid? ☐ Not applicable

Training instructions (*include all steps to administer the medication or perform the medical procedure*)

☐ Included on attached physician's instructions

If expected result of medication or medical food does not occur:

☐ Check here if Emergency Medical Services (9-1-1) is to be contacted

NOTE: If Emergency Medical Services (9-1-1) is to be contacted, the parent/guardian is also to be contacted immediately.

Ohio Department of Job and Family Services
CHILD MEDICAL/PHYSICAL CARE PLAN FOR CHILD CARE

A separate plan must be written for each condition that requires different actions to be taken and must be kept at the program for at least one year.

<p>This form shall be completed when a child has a condition that requires one of the following:</p> <ul style="list-style-type: none">Monitoring the child for symptoms which require staff to take actionOngoing administration of medication or medical foods.Administering procedures which require staff to be trained on those proceduresAvoiding specific food(s), environmental conditions or activitiesSchool-age child to carry and administer their own emergency medication <p>If the medication is documented on this form, then a JFS 01217 is not required.</p>	
Child's Name	Date of Birth
Special Health Condition	
<p>Does the condition require medication?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p><input type="checkbox"/> Check here if questions 1 through 7 are included on a separate sheet with physician's instructions.</p> <p>1. What are the symptoms to watch for?</p> <p>2. When should the medication or medical food be administered?</p> <p>3. What are the instructions for administration?</p> <p>4. What triggers the need for medication or medical foods?</p> 	