



Camp Cowabunga Enrollment Contract

Summer 2019

Registration Checklist	Submission Instructions
<p>Required for All Registrants:</p> <ul style="list-style-type: none"> ✓ 2019 Cowabunga Enrollment Contract ✓ Emergency Contact Form ✓ Health and Immunization Form completed by Child’s physician ✓ Cowabunga Intake Form ✓ Food Allergy & Anaphylaxis Care Plan form (if applicable) ✓ Initial Deposit <ul style="list-style-type: none"> - Registration Fee of \$35.00 - \$20 deposit for each registered week ✓ Zero Balance <p>Required for all NH Child Care Assistance Scholarships</p> <ul style="list-style-type: none"> ✓ Provider Verification Form 	<p>Deliver all required forms and registration fee/ deposit to:</p> <ul style="list-style-type: none"> ○ The program during Our Time hours (M-F 7-8:45AM or 3-6PM) OR ○ Moharimet Elementary Main Office to be placed in Our Time Mailbox OR ○ Mail to: <p style="text-align: center;">Growing Places Attn: School Age Program 56 Pinkham Road Lee, NH 03861</p>

PLEASE NOTE: Growing Places has a strict 48-hour processing policy. You must give Growing Places staff 48 hours (2 days) to process your paperwork before your child’s first day.



Welcome to Camp Cowabunga

Dear Families,

Welcome to Camp Cowabunga!!

At Cowabunga your child will have the opportunity to receive a nutritious snack, participate in enriching activities, and learn through play with other children and staff. We pride ourselves in being a part of the Oyster River School Community and treasure the use of our outside space as an extension to the growth and learning that happens inside in the cafeteria. Growing Places' curriculum focuses on the whole child and encourages students to develop core competencies including social skills, reading, writing, science, technology, engineering, arts math, and physical fitness.

According to the National Institute on Out-of-School Time, participation in an intentional, structured out of school time program can benefit children socially, emotionally and academically. We feel fortunate to have an out of school time program that has been a staple of the Oyster River community for decades. Cowabunga fosters an open and accepting environment where differences are celebrated, and friendships are nurtured. Children are encouraged to be independent, autonomous learners during out of school time hours, with choices that range from process-oriented art to active games.

Cowabunga provides programming Monday through Friday, 7:30-4:30, with an extended care option until 5:30. We offer full time care, or part time options of Monday, Wednesday, Friday or Tuesday & Thursday. Families can register for as much or as little care as needed! Weekly field trips this summer include a trip to America's Stonehenge, tide pooling at Seacoast Science Center, jumping at Get Air, and of course ending our summer with our favorite field trip, a whole day at FunTown! We welcome back special guests, such as Mike Piazza and the Flying Dogs and Tammy from DoodleBugz, while adding a few new guests! Rounding out our summer, we'll have weekly trips to the outdoor Durham pool and daily themed activities. This is sure to be a summer you do not want to miss!

We look forward to working with students and families throughout the Oyster River Cooperative School District.

Sincerely,

Francesca Trial, B.A.
School Age Program Director
Francesca.trial@growingplacesnh.org

Kristen Landau, M.S., C.F.L.E.
Executive Director
kristenlandau@growingplacesnh.org

2019 Camp Cowabunga Registration Packet

Child's Name: _____

Start Date: Summer 2018

Child's Birth Date: ___/___/___ Age as of 6/26/19: _____ Grade: K 1 2 3 4 5 6

T-shirt Size: YS YM YL YXL AS AM

Step 1: Choose your tuition type:

- Private NH Child Care Assistance Scholarship and Private*

* Please contact Sarah Nason at sarahnason@growingplacesnh.org for Provider Verification Form

Step 2: Select Schedule

Families may only register in the following ways:

- Monday-Friday
- Monday, Wednesday, Friday
- Tuesday, Thursday

Families can vary their schedule each week, but part time schedules can only be M,W,F OR T & TH

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
June 24 - 28	CLOSED FOR SET UP				
July 1 - 5	_____	_____	_____	CLOSED	_____
July 8- 12	_____	_____	_____	_____	_____
July 15-19	_____	_____	_____	_____	_____
July 22 - 26	_____	_____	_____	_____	_____
July 29 – Aug 2	_____	_____	_____	_____	_____
Aug 5 - 9	_____	_____	_____	_____	_____
Aug 12-16	_____	_____	_____	_____	_____

Step 3: Choose your registration fee and deposit method:

- Check or Money Order *(Payable to Growing Places)*
- Credit Card Payment *(please call main office at 603.868.1335 to process payment)*

Step 4: Make your initial payment:

\$35.00 Registration Fee + \$20 weekly deposit for each registered week = \$ _____

Please see Fee Schedule on page 9

For Office Use Only

Check #: _____ Date: _____ Confirmation sent: _____

I understand my child's registration is not complete until Growing Places receives both a completed enrollment packet and deposit.



Parent/Guardian Signature: _____ Date: _____

CHILD'S INFORMATION

Child's Name: _____ Child's Nickname: _____

Does your child receive Special Education Services in school (IEP, 504 Plan, etc.)? Yes No

If **Yes**, does Cowabunga have permission to communicate with your child's School (re: Child's Teacher/Special Education Administrator) in terms of any special needs/accomodations that could be made? Yes No

Does your child have a severe allergy (food, medication, animals, etc.)? Yes No

If **Yes**, please have your child's doctor complete a Food Allergy & Anaphylaxis Care Plan, found on page 17. This can be faxed directly to the School Age Program at 603.815.4946

Emergency Care plan is attached: Yes No

If no, Cowabunga will receive this document on: _____/_____/_____
No later than 48 hours before your child's first day attending program.

PARENT/GUARDIAN INFORMATION

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

City, State, Zip: _____

City, State, Zip: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Preferred E-mail: _____

Preferred E-mail: _____

Please use this email as my family's Primary Email

Please use this email as my family's Primary Email

Yes No Our family would like both individuals listed above to receive email correspondence about updates, events, billing, etc. Please note that there needs to be a primary email for invoices emailed each week.

Yes No Our family would like both individuals listed above to have separate parent pockets available at program to receive paper correspondence about updates, events, billing, etc.



Parent/Guardian Signature: _____ Date: _____

FINANCIAL POLICY AGREEMENT

Tuition Payment Schedule: Tuition payments are due on the first day your child attends each week. Tuition fees are not based on attendance, but registered days. There will be no reductions in fees or refunds given if your child is absent (i.e. sickness, vacation, emergency, unforeseen circumstance or other absence). If tuition is not paid on time and according to this contract, we reserve the right to terminate child care unless Operations Manager Sarah Nason (603) 868-1335 has been contacted. A late payment of \$10/week will be applied to your account for balances (2) or more weeks behind. Weekly bills will be emailed to your family's primary email each Friday.

Registration Fee & Deposit: A non-refundable registration fee of \$35.00 per child and a \$20 per week deposit for each child is registered to secure your child's spot is due at time of registration. Your child is not officially enrolled in our program until both registration fee and deposit has been made. This tuition deposit is credited to your account on your family's first day of Cowabunga. Families receiving child care reimbursement from the state are exempt from the tuition deposit.

Schedule Changes: Schedule Changes can be made up to May 1, 2019. These requests must be made and confirmed via email prior to May 1, 2019. After May 1, 2019, families are responsible for all registered whether your child attends or not. No Exceptions will be made. Switching or dropping days/weeks are not permitted.

Fees:

Extended Care Fee: Any child that is present after 4:30 pm will be subject to an extended care fee. Extended care is \$8 per afternoon or \$ 20 for 3+ afternoons. Families do not need to pre-register for extended care.

Late Pick-Up Fee: If you are unable to arrive on time, you MUST call so that both your child(ren) and staff can be prepared for the delay. If you are late in picking up your child(ren), you will be charged \$1.00 per minute that has accrued after 5:30.

Returned Check Fees: In the event a payment is returned for insufficient funds, you will be charged \$25.00 for the first returned check, \$30.00 for the second returned check and \$35.00 for the third returned check. Growing Places has the right to ask a family to pay his/her child's tuition with Electronic Funds Transfer (EFT) or money orders after receiving three returned checks for a child's tuition during the course of one year (12 months).

Attendance Requirements:

Extra Days: Your child may add additional days upon request and if space permits. Such attendance MUST be pre-arranged with the School Age Director and will be billed to you on your next bill. Growing Places reserves the right to deny permission for your child to attend an Extra Day if you have a past due balance.

Field Trips: Families are required to provide permission prior to each field trip. You will be notified via email the proposed route the bus will travel. Signed Permission is required before each trip. Families are responsible for signing permission forms. Your child may not attend the field trip, unless signed permission is received. Field Trips and Special Events may be an additional fee.

I understand my account must remain in good standing to continue care for the summer. I understand that I am responsible to pay my daily tuition fee in the event that Cowabunga closes due to weather, emergency or unforeseen circumstances on a day that my child is registered to attend.

ACKNOWLEDGEMENT OF POLICIES AND GUIDELINES: By signing below, I acknowledge that I agree to abide by the above Financial Policy Agreement of Growing Places. I will contact the School Age Director or Operations Manager at (603) 868-1335 if I have any questions or concerns.



Parent/Guardian Signature: _____ Date: _____

PARENTAL PERMISSION SIGN-OFF SHEET

Yes No PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED: I give permission for my child to be photographed while attending Cowabunga for the purpose of promotion or display materials, including but not limited to flyers, newsletters, and social media, such as Growing Places website or Facebook Page.

Yes No PERMISSION TO WALK NEIGHBORHOOD: I give permission for my child to walk the surrounding area to his/her school. Counselors will always follow safety measures outlined by NH Licensing Guidelines for child ratios, will bring a first aid kit, have their cell phone charged and available, and post a note on their sign in/out clipboard before leaving the Site.

Yes No PERMISSION FOR SUNSCREEN: I give permission for Growing Places staff to apply sunscreen supplied by GP. Sunscreen will be 30-45 SPF, waterproof, sweat proof, children's sunblock.

If NO: Family will provide sun screen to be left at camp, clearly labeled with child's name.

Yes No PERMISSION FOR BUG SPRAY: I give permission for Growing Places staff to apply bugspray supplied by GP. Bug spray will contain between 7% and 10% deet as recommended by the Department of Health and Human Services.

If NO: Family will provide bug spray to be left at camp, labeled with child's name.

Yes No RELOCATION WITHIN THE SCHOOL OR SPACE: On occasion, Cowabunga will be required to relocate from our designated space to another area within the school. I give my child permission to attend Cowabunga when it is operating in another space or school location that is not our primary space.

Yes No BEHAVIOR POLICY: I understand that if my child acts disrespectfully toward a teacher or another child, causes, or with careless disregard causes harm or injury to another child by his/her actions, willfully destroys property, or behaves in such a way that staff would be concerned for the child's safety or the safety of others, Growing Places may decide to suspend the child the following day.

Yes No ORCSD PUPIL SAFETY AND VIOLENCE PREVENTION: I understand that Cowabunga is a guest of Oyster River Cooperative School District, and therefore abides by the ORCSD Bullying and Cyberbullying policy, which can be found here:

http://orcsc.org/UserFiles/Servers/Server_538005/File/School%20Board/Policies/J/JICK - Pupil Safety - Bullying_06_01_16.pdf

If you replied "No" on any of the above, please share why:



Parent/Guardian Signature: _____ Date: _____

SUPPLEMENTAL FORMS

Child Emergency Contact Form (See page 10 & 11) is attached: Yes No **

If **No**, Cowabunga will receive this document on: ____/____/_____
(No later than 48 hours before your child's first day attending program)

Cowabunga Intake Form (See page 12 &13) is attached: Yes No

If **No**, Cowabunga will receive this document on: ____/____/_____
(No later than June 7, 2018)

Child Health Form (See page 14,15,&16) is attached: Yes No **

If **No**, Cowabunga will receive this document on: ____/____/_____
(No later than 48 hours before your child's first day attending program)

**** If your child attended school age programming, during the 2018/19 school year, no health form or emergency contact form is required**

PARENT PICK UP/DROP OFF POLICIES & RELEASE CONSENT

- I understand I must escort my child into the Cowabunga space and sign him/her into the program.
- I understand that Cowabunga staff will ONLY release my child to authorized individuals listed on emergency contact form.
- I understand any change in authorized individuals must be made in writing.
- I understand that myself or one of the authorized individuals must personally escort my child from the pick-up area and sign him/her out.
- I understand that Cowabunga staff is authorized to ask for a valid photo ID to confirm the person picking up my child as an authorized individual.
- I understand that Cowabunga staff will call all authorized individuals if my child is not picked up by his/her scheduled dismissal time or if I cannot be reached.
- I understand that all authorized individuals must be 16 or older.

Please list below any people who may NOT pick up your child.

(If a biological parent is listed below, a court order or custody agreement must be handed in and kept with this form.)

Name: _____ Relationship: _____

A NOTE TO PARENTS/GUARDIANS FROM NH LICENCING BUREAU Our program is licensed through the Department of Health and Human Services and the Bureau of Child Care Licensing. One licensing regulation is for parents/guardians to have direct, unannounced access to their child(ren). Because Oyster River Cooperative School District is a locked district, we have a waiver from the Child Care Licensing Bureau. We are required by the Child Care Licensing Bureau to notify families and to keep your signature on file documenting that we have notified you of this.

ACKNOWLEDGEMENT OF POLICIES AND GUIDELINES

In order for Cowabunga to be a successful experience for all, I understand it is important that children and parents/guardians follow all rules, policies and procedures. By signing below, I acknowledge that I agree to abide by the policies and procedures of Cowabunga. I will contact the Director if I have any questions or concerns.



Parent/Guardian Signature: _____ Date: _____

CAMP INFORMATION

Location: Oyster River High School, 55 Coe Dr, Durham NH 03824

Dates: Wednesday June 26, 2019 to Friday August 16, 2019

Cowabunga will be closed the following days:

Month/Day/Year	Day of the Week	Holiday/Reason for Closure
June 24, 2019	Monday	Set Up Day
June 25, 2019	Tuesday	Set Up Day
July 4, 2019	Thursday	Independence Day

Camp Field Trip Schedule: Field trip locations are subject to change. Families are required to sign permission forms for every trip. A camper may not attend a field trip without signed consent each trip.

Tuesday July 2: Fort Foster, Kittery ME
Wednesday July 3: Durham Outdoor Pool, UNH Campus Rec**
Tuesday July 9: Seacoast Science Center, Rye NH
Wednesday July 10: Durham Outdoor Pool, UNH Campus Rec **
Thursday July 11: Durham Outdoor Pool, UNH Campus Rec **
Tuesday July 16: America's Stonehenge, North Salem, NH
Wednesday July 17: Durham Outdoor Pool, UNH Campus Rec **
Tuesday July 23: Take Flight, Kittery ME
Wednesday July 24: Durham Outdoor Pool, UNH Campus Rec **
Tuesday July 30: Jump on In, Portland ME
Wednesday July 31: Durham Outdoor Pool, UNH Campus Rec **
Tuesday August 6: Aquaboggan, Saco ME
Wednesday August 7: Durham Outdoor Pool, UNH Campus Rec **
Thursday August 8: Durham Outdoor Pool, UNH Campus Rec **
Tuesday August 13: Funtown, Saco ME ***
Wednesday August 14: Durham Outdoor Pool, UNH Campus Rec **
Thursday August 15: Durham Outdoor Pool, UNH Campus Rec **

** Durham Outdoor Pool is a \$4 charge per camper per visit to the pool, or campers can utilize their pool pass if their family has one. This can be paid via cash or check, *separate from tuition payment*.

*** FunTown is an extra \$20 charge per camper, due the day of the field trip. This can be paid via check or cash, *separate from tuition payment*

Welcome Packet: Camp Cowabunga Welcome Packets will be sent out via email on Wednesday May 1st, 2019. This email and packet contains a plethora of camp information, including: counselor information, confirmation of registered week and what paperwork (if any) is still outstanding.

Outstanding Paperwork: All outstanding paperwork is due to Growing Places no later than Friday May 31st. Families risk losing their spot and forfeiting their deposit if outstanding paperwork is not received.

Confirmation of Registration & Waitlist: You will be notified via email confirming your child's registration, and what, if any days, are full. If this occurs, your child(ren) will be placed on a waitlist and families will be notified when movement occurs.



Parent/Guardian Signature: _____ Date: _____

2019 CAMP COWABUNGA FEE SCHEDULE

	Rate	Registration Fee
Full Time M-F	\$230	\$35
3 Days: M, W, F	\$180	\$35
2 days: T, Th	\$120	\$35
Added Day	\$60	-
Extended Care - 4:30-5:30	\$8/day or \$20 for 3+ days	-



Parent/Guardian Signature: _____ Date: _____

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

Growing Places – Our Time School Age Program

04279

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

DATE OF CHILD'S ENROLLMENT : Summer 2019

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:		
Address:	Address		
Home phone number:	Home phone number:		
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.			
Business Name:	Business Name:		
Address:	Address		
Phone number:	Hours:	Phone number:	Hours:

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSONS: I, _____ authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIANS: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852-3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician:

Phone number:

Physician's Address:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of **Growing Places** to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date



Cowabunga Intake Form

Child's Name: _____ Date of Birth: _____ Age: _____

Parent's Name: _____

Please tell us a little bit about your child (i.e. special hobbies, talents, fears, personality, interests, etc.) :

HEALTH INFORMATION

1. Does your child have asthma of any sort? Y N

If yes, please describe: _____

Does your child have an inhaler? Y N

2. Does your child have heart problems? Y N

If yes, please describe: _____

3. Does your child have physical or developmental difficulties, that we should be aware of? Please be specific:

4. Does your child have any medical conditions or issues that we should know about? Please describe:

5. Is your child currently on any medication? Y N

If yes, indicate specific medication(s) & dose(s): _____

6. Is your child allergic to any of the following (Please mark YES or NO and describe reactions to any marked YES):

____ Medication (e.g. penicillin, aspirin).

If yes, which medication? _____

Reaction: _____

____ Insect Bites (e.g. wasps, bees, spiders)
If yes, which insects? _____
Reaction: _____

____ Foods (e.g. peanuts, shellfish)
If yes, what foods are they allergic to? _____
Reaction: _____

____ Plants (e.g. posion ivy, nettles)
If yes, which plants? _____
Reaction: _____

Please list any other allergies: _____

7. Does your child use an epi pen? Y N
8. Has your child ridden on a bus before? Y N
9. Can your child swim? Y N

Please describe your child's swimming abilities in details, fear with water, etc.

10. Has your child been on a field trip without a parent present? Y N

11. Is there anything else that we should be aware of that may alter or somehow limit your child's abilities or experience at Cowabunga?

Please sign below to confirm the above information is up to date and accurate:

Parent/Guardian Signature

Date

CHILD HEALTH FORM
TO BE COMPLETED BY PARENT OR GUARDIAN:

_____ CHILD'S
 LAST NAME FIRST NAME M.I. DOB: MO DAY YEAR

_____ CHILD'S ADDRESS
 WE/I _____ GIVE PERMISSION TO OBTAIN/RELEASE MEDICAL INFORMATION
 SIGNATURE OF PARENT/GUARDIAN ON THE ABOVE CHILD.

PLEASE RETURN TO: Growing Places ATTN: School Age Program fax 603.815.4946

HISTORY: TO BE COMPLETED BY PHYSICIAN
(THIS INFORMATION WILL BE HELD CONFIDENTIAL AND WILL BE USED ONLY FOR THE BENEFIT OF THIS CHILD).

A. PRENATAL, PERINATAL AND POSTNATAL DEVELOPMENT: ANY SIGNIFICANT FINDINGS THAT COULD INFLUENCE THIS CHILD'S ADAPTATIONS TO A CHILD CARE SETTING (I.E., PHYSICAL HANDICAP, SENSORY LOSS, DEVELOPMENTAL IRREGULARITIES)?

B. ANY CHRONIC ILLNESS THAT MAY REQUIRE MEDICATION, PARTICULARLY OBSERVATIONS OR PRECAUTIONS IN A CHILD CARE SETTING (E.G., RECURRENT EAR INFECTIONS, SEIZURE DISORDER, ALLERGIES)?

C. ANY HOSPITALIZATIONS, OPERATIONS, OR SPECIAL TESTS OF WHICH A CHILD CARE PROVIDER SHOULD BE AWARE?

D. PERTINENT FAMILY, SOCIAL OR HEALTH CHARACTERISTICS?

IMMUNIZATIONS FOR CHILD CARE AGENCY ATTENDANCE
MAY SUBSTITUTE A COPY OF CHILD'S IMMUNIZATION RECORD

VACCINE	DATE	DATE	DATE	DATE	DATE	DATE
DTP/DTAP						
HIB						
DTP-HIB						
TD						
OPV OR IPV						
MMR						
HEP-B						
VARICELLA						
OTHER						

COMMUNICABLE DISEASE HISTORY

RECOMMENDED SCREENING & TESTING OF ATTENDEES

DISEASE	DATE OF DIAGNOSIS	LABORATORY CONFIRMATION	PHYSICIAN		DATE	METHOD	RESULT:
CHICKENPOX		NOT APPLICABLE		TB (FOR HIGH RISK CHILDREN ONLY)			
OTHER:				VISION			
				HEARING			
				SPEECH			

				HIB/HCT		NOT APPLICABLE	
				URINE		NOT APPLICABLE	
				LEAD		NOT APPLICABLE	

(8)

HEALTH ASSESSMENT: (TO BE COMPLETED BY LICENSED HEALTH PRACTITIONER)

PHYSICAL EXAM:

LENGTH/HEIGHT ____ IN/CM %ILE ____	WEIGHT ____ LB/KG %ILE ____	HEAD CIRCUMFERENCE ____ IN/CM %ILE ____	BLOOD PRESSURE ____ / ____
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CHECK () EACH LINE	NORMAL	ABNORMAL	NEEDS FOLLOW-UP	NOT EXAMINED	CHECK () EACH LINE	NORMAL	ABNORMAL	NEEDS FOLLOW-UP	NOT EXAMINED
SKIN/SCALP					NOSE, THROAT, MOUTH				
NUTRITION					TEETH & GUMS				
NEUROLOGY & MUSCULAR					GLANDS INC. THYROID				
ORTHOPEDIC & SPINE					CHEST, BREASTS				
EYE					HEART, LUNGS				
EARS					ABDOMEN				
SPEECH					GENITALIA				

TEMPERAMENT: ___ EASY-GOING ___ AVERAGE ___ DIFFICULT

COMMENTS:

ALLERGIES: INCLUDE ALLERGIES TO FOOD, MEDICATION, OR OTHER SUBSTANCES:

ASSESSMENT OF PHYSICAL DEVELOPMENT:

A. ESTIMATE OF LEVEL OF MATURATION:

- | | | | |
|------------------------------|-------------|-----------|------------|
| A. INFANCY (0-2 YEARS) | EARLY: ____ | MID: ____ | LATE: ____ |
| B. MID-PRESCHOOL (2-4 YEARS) | EARLY: ____ | MID: ____ | LATE: ____ |
| C. PRESCHOOL (4 YEARS) | EARLY: ____ | MID: ____ | LATE: ____ |
| D. SCHOOL-AGE (6-10 YEARS) | EARLY: ____ | MID: ____ | LATE: ____ |
| E. ADOLESCENT (11-18 YEARS) | EARLY: ____ | MID: ____ | LATE: ____ |

COMMENTS

B. ESTIMATE OF FUNCTIONAL CAPACITY:

	DELAYED FOR DEVELOPMENT PHASE	CONSISTENT WITH DEVELOPMENT PHASE	ADVANCED FOR DEVELOPMENT PHASE	COMMENTS:
GROSS MOTOR:				
FINE MOTOR:				
LANGUAGE SKILLS:				
SOCIAL SKILLS:				
EMOTIONAL:				

 PHYSICIAN'S SIGNATURE:

 DATE OF EXAM:

 PHYSICIAN'S NAME - TYPED OR PRINTED

 TELEPHONE NUMBER

DATE OF NEXT SCHEDULED EXAM: _____

(8)

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs.

Asthma: Yes (higher risk for a severe reaction) No

PLACE
STUDENT'S
PICTURE
HERE

For a suspected or active food allergy reaction:

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS

If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting or severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of mild or severe symptoms from different body areas.

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine.

1. INJECT EPINEPHRINE IMMEDIATELY.

2. Call 911. Request ambulance with epinephrine.

- Consider giving additional medications (following or with the epinephrine):
 - > Antihistamine
 - > Inhaler (bronchodilator) if asthma
- Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/discomfort



1. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN

- Stay with student; alert emergency contacts.
- Watch student closely for changes. If symptoms worsen, GIVE EPINEPHRINE.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE