

Policies and Parental Agreement

Release of Children

Children will only be released to the person authorized to pick-up your child.

Late pick-up:

If a parent or authorized person fails to pick up the child by the end of the program there will be only 1 warning for late pick-up. Then a \$20 late pick-up fee will be charged. Any child not picked up 1/2 hour after the end of class/session will be brought to the Mt. Olive Police Department. The Recreation Supervisor must call the Child Abuse Hotline to seek assistance in caring for the child until the parent or person authorized is able to pick up the child. If the parent or authorized person appear to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, it is required by State law that: the child shall not be released to such an impaired person, staff members attempt to contact the child's other person or authorized person and if alternative arrangements cannot be made, a staff member shall call the Child Abuse Hotline to seek assistance in caring for the child. The instructor will make every effort to contact you and your emergency contacts. They expect that you will make every effort to arrive on time or make arrangements for an authorized person to pick up your child.

Illness Policy

Our program must have a policy about dispensing medicine and the management of communicable diseases.

We do not have a nurse at our recreation program facilities. Please medicate your child before or after the program, or make arrangements with the program supervisor for you to visit mid-activity to administer medicine to your child.

Epi-Pen Policy for Children with Severe Allergic reactions (usually bee-stings or food allergies)

Children with severe allergic reactions to bee stings and have an "epi-pen":

- Child will need to be trained by their physician to self-administer.
- We will need a Doctor's note stating the child can use the epi-pen him/her self.
- Please inform the Supervisor of your child's allergy, and give the supervisor the Doctor's note.
- Please have the epi-pen labeled with your child's name and the original pharmacy label.
- The epi-pen should be kept cool in an insulated "lunch bag" with the child's name and phone #. Inside the bag should be the emergency contact information we will need: Physician, and designated emergency contact adult – name, relationship and phone number. Please indicate if the number is for home, work, cell, or beeper. The bag should be given to the supervisor each day, and kept in the same shaded location with the program's first aid materials. Be sure to take the bag home after each session.

Illness:

If your child is ill, PLEASE do not bring him/her to the program. If the child is brought to the program, it is at the discretion of the instructor if it is suitable for the child to remain for the session duration. The program supervisor will call the parent or emergency contacts/authorized pick up person, to take a sick child home if necessary. These illnesses or symptoms of illness shall include, but not limited to, any of the following:

- Severe pain or discomfort
- Vomiting within a period of 24 hours
- Sore throat or severe coughing
- Red eyes with discharge
- Difficult rapid breathing
- Weeping or bleeding skin lesions that have not been treated by a physician or nurse
- Stiff neck
- Impetigo
- Scabies
- Chicken pox
- Diarrhea
- Elevated temperature of 100.5 degrees Fahrenheit
- Yellow eyes or jaundiced skin
- Infected, untreated skin patches
- Skin rashes lasting more than one day
- Swollen joints
- Visibly enlarged lymph nodes
- Blood in urine
- Lice
- Strep Throat

If the child has chicken pox, we will need a note from the parent stating that at least six days have elapsed since the on-set of the rash, or that all sores have dried and crusted.

Some diseases we are required to notify parents that their child(ren) have been exposed to include:

- German Measles
- Measles
- Mumps
- Whooping Cough
- Hepatitis A
- Shigella
- Hemophilus Influenzae
- Meningococcus
- Tuberculosis
- Giardia Lambliia
- Salmonella

Once the child is symptom-free, or a licensed physician indicates that the child poses no serious health risk to himself or herself or to other children, the child may return to the center.

Accident/Injury Policy

We will call you immediately when:

- A child is bitten and the skin is broken
- A child sustains a head injury
- A child falls from a height greater than the height of the child
- An accident or injury requiring professional medical care occurs.

An incident report will be on file which includes the following information:

- Child's name, date, time and location of incident
- Written description of the incident, injury, witnesses, follow-up action by the Mt. Olive Recreation Staff

First aid administered

- For minor injuries (bruises, scrapes, etc.) we will treat the child. The instructor will ask you to sign the accident log.

Discipline Policy

The Mt. Olive Recreation Staff are very concerned about the safety of the children participating in our programs.

The Recreation Department does not equate discipline with punishment. Our goal is help children make appropriate decisions concerning their own behavior (self-discipline). Rules have been established for the safety (physical and emotional) of the children and staff. If discussion and redirection doesn't help the child correct his/her behavior, there may be consequences (Time-out, restricted access to equipment or activities, etc.) The staff will NOT hit, shake, or use corporal punishment, ridicule, frighten or impose inappropriately long periods of time of silence or inactivity.

PEAK programs are developed by parents who have children with special needs, therefore, it is understood that there may be any number of behaviors which may not be tolerated in the mainstream recreation program. The instructors and volunteers need your input in what behaviors to expect from their child and how to handle them.

The instructor will try to re-direct children's activities before it becomes a behavior problem for the child.

When correcting a child the instructors/volunteers:

- Will be positive, courteous, patient, attentive, fair and consistent
- Review the rule that was broken and the safety reason for that rule
- Provide instruction as to what behavior is acceptable
- Take into consideration the child's particular limitations
- The parent will be informed of any major behavior problems which are interfering with other children's learning.
- If a child's behavior can not be modified to work within the group, the authorized person will be called to pick-up the child.

Violence/Threats Policy

Parents will be informed. Verbal or physical threats will be handled to according to Mt. Olive School Board policy.

The Program Supervisor and Recreation Department will determine the appropriate action in response to a threat.

If police intervention is needed, they will be called.

A warning may be given to remind the child of his/her signed Behavior Agreement, but it is not required – especially if serious endangerment is involved.

Anger Management and Conflict Resolution/Social Problem Solving techniques will be implemented in accordance to the standards and training provide by the Adult and Children Against Violence program.

Behavioral incidents will be recorded in the program's daily log, and if necessary, an incident report will be written.

Depending on the severity/extent of the threats or violent behavior, consequences may include (but not limited to)

- Apology, correct application of a better course of action in the situation
- Limited "time-out", counseling/instruction in anger management and problem solving skills, parent conference.
- Suspension from program for a specified time
- Expelled from the program – no refunds will be given

Adults who demonstrate out of control behavior – verbal or physical will be handled according to the recently in-acted law referred to as McGreevey's Law. Police will be immediately contacted for adults who threaten or act violently.

Termination of Program Participation

If PEAK, represented by the President & Vice President, determines that a participant or a participant's parents is disruptive to the team and shows no consideration for the overall group - PEAK has the right to terminate their enrollment and refund their tuition on a pro-rated basis.

Name of Minor _____ Parent signature _____

It is highly recommended that parents remain during each program session/class but if the parent must leave his/her child for the duration of the session/class, please fill out the information below. If no information is filled out, the child will not be allowed to leave the premises by him/herself or with anyone other than his/her parent.

PERSON(S) AUTHORIZED TO PICK-UP YOUR CHILD

I hereby grant permission for my child, _____, to leave the premises the PEAK recreation program listed here: _____, with any of the following authorized people listed below.

Authorized Person: _____ Relationship: _____

Authorized Person: _____ Relationship: _____

Authorized Person: _____ Relationship: _____

For the safety of your child, please list any people who are not authorized, at anytime, to pick-up or interact with your child.

Non-Authorized Person: _____

Non-Authorized Person: _____

Parent/Guardian Signature: _____ Date: _____

PERMISSION FOR CHILD TO WALK HOME PEAK ACTIVITY

I hereby grant permission for my child, _____, to leave the premises the PEAK recreation program listed here: _____.

I understand that my child will be walking home unsupervised.

Date(s) my child may walk home: _____

Time my child may leave the program to walk home: _____

Parent/Guardian Signature: _____ Date: _____

Medical Release and Information Form

Name of Minor _____ Birthdate _____ Grade _____

Identify allergies, special conditions, medication currently taking, or any particular information which you feel would be helpful in instructing your child. *This information will not be shared with others outside of the group. It is only a guide used by the instructors and volunteers who are working with your child. If your child has a diagnosis that the instructor should be aware of, please include that information here. This should be a pleasant experience for your child, so please share any new information as it becomes available as well. If more room is need you can continue on the back of this paper or attach a separate sheet. Thanks!*

I/We being the parent(s) or legal guardian(s) of the above named minor(s) do hereby appoint:

Mt Olive Recreation Staff and Chaperones for the PEAK Program(s)

to act in my/our behalf in authorizing unexpected medical and hospital care excluding major elective surgery for the above named minor(s) during the period of my/our absence from:

Month _____ Day _____ Year _____ through Month _____ Day _____ Year _____

Note: It is recommended that the dates listed above are only the length of the program/class you are registering for. If you list dates that extend past the end of the program/session, it is your responsibility to insure the information on this form is kept up to date.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Print Parent/Guardian Name _____

Print Parent/Guardian Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Hospitalization coverage for above named minor(s):

Insurance Company _____

Identification/Contract Number _____

Physician Name _____

Phone _____