



## Marinette After School Child Information Form

Only fill out this form if the online form has not been filled out. Check with site staff.

Child's Last Name		Child's First name		MI	DOB
Grade/Teacher Name			Home Phone		
Address			Cell Phone Number		
City	State	Zip	Family Email Address (For E-Mail Alerts):		

### Parent/Guardian Information

Please indicate the order in which to make contact in case of emergency, illness or other unforeseen circumstance by circling 1,2,3 or 4 for the name as well as phone numbers to be called. When choosing the order, please keep in mind each person's accessibility, as well as that calls may occur between 3 pm and 6:00 pm.

Name	Home Phone 1 2 3	Cell Phone 1 2 3	Place of Employment	Work Phone 1 2 3
Name	Home Phone 1 2 3	Cell Phone 1 2 3	Place of Employment	Work Phone 1 2 3

### Emergency Contacts

Please list emergency contacts in the order in which they should be contacted in case of an emergency. Also indicate in which order to use the phone numbers listed for each emergency contact by circling 1,2, or 3.

Name: Address:	Home Phone 1 2 3	Cell Phone 1 2 3	Work Phone 1 2 3	Relationship to Child
Name: Address:	Home Phone 1 2 3	Cell Phone 1 2 3	Work Phone 1 2 3	Relationship to Child

### Additional Authorized Pick-Ups

The people listed below will be the ONLY people, other than parents/guardians allowed to pick-up the child noted above. Photograph Identification is required upon pick-up.

Name	Address	Relationship to Child	Phone
1.			
2.			
3.			

### Health Information

Child's Physician	Medical Facility Name	Medical Facility Phone Number
Medical Facility Address		Hospital Preference:

### Medical Device Consent

- Any and all medical treatments, devices, or medications must be provided by parent/guardian.
- If such devices, medication, or treatments are present at camp, staff must be notified via medication authorization form.

I give \_\_\_\_\_ permission to carry his/her own medical device: \_\_\_\_\_  
(Name of Child) (List device(s) they will carry)

with their belongings while at Marinette After School. I also give permission for my child to administer this device when necessary with supervision by staff.

### Health History (indication of any health history conditions **MAY** require further State required paperwork)

Does your child have a history of: ☐ ADD/ADHD/Behavioral Disorders ☐ Asperger's Syndrome ☐ Asthma ☐ Autism  
☐ Cognitive Disability ☐ Cerebral Palsy/Motor Disorder ☐ Diabetes ☐ Learning Disability  
☐ Gastrointestinal or Feeding Concerns ☐ Heart Problems ☐ Epilepsy/Seizures  
☐ Physical Handicap ☐ Sensitivity to Sun ☐ Food/Milk Allergies ☐ Non-Food Allergies  
☐ Other(describe) \_\_\_\_\_

**OVER** →

## Health History (Continued)

1. Please describe any health concerns checked above:
2. Triggers that may cause problems (specify):
3. Signs or symptoms to watch for (specify):
4. Action steps for camp staff to take (specify):
5. When to call parents regarding symptoms or failure to respond to treatment:
6. When to consider emergency care:
7. Any additional information that may be helpful to staff:

- Please contact the Director if your child has any special medical needs or conditions that Marinette After School should be aware of.
- Indication of any health history conditions **MAY** require further State required paperwork.

<b>SIGNATURE-</b> Parent or Guardian	Date Signed
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## Marinette After School MEDICATION AUTHORIZATION FORM

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### MEDICATION REQUIREMENTS

Prescription medications must be in the original container with the pharmacist's label marked with the prescription number, date, child's name, and physician's name.

All non-prescription medications (OTC's) must be labeled with child's name.

Please give all medications to site staff upon arrival at Marinette After School.

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Child's name \_\_\_\_\_

Authorization is effective from \_\_\_\_\_ until \_\_\_\_\_.  
(Start Date) (End Date)

I authorize the administration of \_\_\_\_\_ by  
after school staff.  
(Name of Medication)

Instructions for administration of medication (dosage instructions):

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\*All remaining medication will be returned to parent/guardian at the end of the school year. If medication is not picked-up, the City of Marinette will dispose of medication in an environmentally safe manner.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Guardian/Student Behavior Contract

The goal of Marinette After School is to provide a safe and fun atmosphere for all campers.

**Please take time to read through and discuss our policies on proper character conduct as a family, then take time to sign the contract as this will serve as a guide to disciplinary actions for the school year.**

## **Termination Procedure:**

If an incident occurs where a student conducts himself/herself in a manner that does not follow the behavior guidelines or that jeopardizes their safety, or the safety of others, the following steps will be taken:

**First violation:** A staff member will discuss the incident with the child. The child may be removed from part or a whole activity. The parent or guardian will be notified of the incident at the end of the day.

**Second Violation:** A staff member will document the incident via an incident report and discuss the incident with the child. The child may be removed from part or a whole activity. The parent or guardian will be notified of the incident at the end of the day and asked to sign the documented incident report.

**Third Violation:** A staff member will discuss and document the incident directly with the child. The parent or guardian will receive a phone call and be asked to pick up their child within the hour and the child will be suspended from Marinette After School for one day.

**Fourth Violation:** A staff member will discuss and document the issue directly with the child. The parent or guardian will be contacted immediately to pick up their child within the hour from Marinette After School. A conference will be scheduled with the Department Coordinator, Camp Director, and the parent(s) or guardian to discuss a plan of action regarding the poor behavior. The child will be suspended from Marinette After School for up to a week.

**Fifth Violation:** Child will be dismissed and no longer allowed to participate in camp for the remainder of school year.

## **Circumstances for immediate termination:**

**Physical Violence** – A parent or emergency contact will be called to pick up their child immediately. A meeting may be necessary and will be determined on a case-by-case basis.

**Intentional Leave** – If a student leaves the program area or building intentionally without permission a suspension or termination may occur, based on the situation.

**Sexual or other harassment** – Parent/guardian will be contacted immediately. Student will be prohibited from future Marinette After School activities.

**Inappropriate Behavior** of a child or parent that endangers the participant, other children or staff.

**Late Child Pick-Up** (more than 3 occurrences).

**Please do not hesitate to talk to the site staff or recreation staff if you have questions or concerns.**

**The City of Marinette reserves the right to start at the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> violation depending on the severity of the incident. There will be no refunds if a student is asked to leave Marinette After School.**

**Each case is different and all supervisory staff are approved to make appropriate judgment calls.**

I have read and understand the Marinette Summer Camp policies, procedures, rules and consequences. I understand that by signing this contract, I am obligated to follow the policies and procedures outlined in the Summer Camp Handbook.

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(Child's Signature and Date)

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(Parent/guardian Signature and Date)