

Critical Child Care Site Qualification Guidelines

Tri-County YMCA Afterschool Program is currently operating on a Temporary Certificate to provide On-Site Child Care.

All children should stay away from group care settings whenever possible. Critical childcare sites are not "business as usual" childcare. This is a temporary childcare option for those essential workers who have no other option for care during this public crisis.

We are excited that you have chosen us to spend the 2020-21 school year with your child. As always, our ultimate goal at the Tri-County YMCA is to ensure that our participants and staff are kept safe while they have fun and continue to learn. Due to the COVID-19 pandemic, this requires that we take additional measures to safeguard the health and safety of our participants.

Your child may NOT attend Afterschool for a period of 14 days if:

- **They have been in contact with a confirmed case of COVID-19**
- **Are experiencing a cough, shortness of breath, or sore throat**
- **Have had a fever within the last 48 hours**
- **Have had a loss of taste or smell**
- **Had vomiting or diarrhea in the last 24 hours**

Thank you again for choosing the Tri-County YMCA Afterschool Program for your child's after school care.

Angel Anderson
Family Services Director

By signing below I am stating that my child
has NOT experienced any of the above.

Parent/Guardian's Name Printed _____

Parent/Guardian's Signature _____



Tri-County YMCA
PO Box 737
200 Carl's Lane
Scott Depot, WV 25560
Phone: (304) 757-0016
Fax: (304) 757-0017

August 24, 2020

Dear Parents,

The signature on this letter is to certify that you have been issued the 2020-2021 After School Parent Handbook and are responsible for the information therein.

Should another approved person pick up this book, please understand that the parents or legal guardians are still responsible for the information contained in the handbook.

Thank you!

Angel D. Anderson
Family Services Director

Parent/Guardian Signature

Date

Child's Name (Please Print)



TRI-COUNTY YMCA AFTERSCHOOL PROGRAMS

Re-Entering Our Tri-County YMCA Afterschool Programs:

We are excited to begin re-entering our Afterschool programs. We want to keep our participants and staff safe and protected while they are in our care, so we are following strict guidelines from the CDC and federal, state and local government authorities.

What is our Afterschool doing to keep participants and staff safe?

Health and Safety of our members and staff are our TOP priority. Through this Covid-19 crisis, we're committed to the following:

- 1) Creating an environment that allows for cohort (group) distancing to the greatest extent possible.
- 2) Enhancing facility cleanliness.
- 3) Increasing number of sanitation stations.
- 4) Supporting & monitoring our staff wellness.
- 5) Monitoring & updating information as it evolves.
- 6) Emphasis on teaching and encouraging social distancing among participants.
- 7) Strict attention to limiting group sizes to allow for greater distancing.
- 8) Cohort groups will be separated and intermingling between groups will be restricted to the greatest extent possible.
- 9) Encourage activities outside, where possible.

What specific measures is the Afterschool program doing to ensure safety of participants and staff?

- All staff will have their wellness temperature checked and questionnaire screenings at start of all work shifts.
- All staff will wear cloth face coverings during indoor activities when maintaining physical distancing is not feasible due to area limitations.
- Participants will be encouraged to bring cloth face coverings to wear, particularly, during indoor activities.
- Strategic scheduling and activities designed to maximize social distancing and reduce touch points.
- Teach and encourage good handwashing practices.
- We'll enhance facility and site cleanliness by more frequent cleaning schedules.
- Participants and staff will be asked to wash hands when they enter the program, at each bathroom break and when the cohorts move to different program areas/stations.
- Touchless check-in & check-out system to limit contact and expedite drop off & pick up.
- Groups will be asked to clean areas and equipment before and after each use to develop healthy habits.
- We'll increase signage throughout the facilities to encourage cohort distancing, hand-washing and remind participants of healthy habits.

What facility areas and amenities are currently available for Afterschool?

- Outdoor play areas including outdoor playgrounds (low contact games/activities only).
- Bathrooms
- Gymnasium and/or Multipurpose spaces will be open (low contact games/activities only).

What are the protocols for participants who are not feeling well?

- Children experiencing flu-like symptoms, or been in contact with someone who has symptoms, should stay at home.
- Children who develop a fever or symptoms of illness will be isolated and a parent/guardian will be contacted for immediate pick-up. Cleaning protocols will be immediately implemented in any area the child was in.

Tri-County YMCA

Afterschool Program

2020-2021



Schools Available

Tri-County YMCA is currently offering after school care at the following elementary schools. If your child attends a school not on this list and you are interested in this program, please call the YMCA at 757-0016 or contact your school's principal.

Confidence	Conner Street	Eastbrook
Hurricane Town	Mountain View	Rock Branch
Scott Teays	West Teays	Winfield
George Washington	Buffalo transported to George Washington	
Poca transported to Rock Branch		

Hours of Operation

Tri-County YMCA's After School program will operate from the end of the school day until 6:00 pm, Monday through Friday. Additional care will be offered on certain scheduled school closing days. Please check the school calendar for the following days out.

Vacation Days

We offer our Vacation Days Program on certain scheduled school closing days throughout the school year. On these days, we will operate a full day program for families in need of child care. We will be available at 7:00 am and will expect pick up to be no later than 6:00 pm. The program will be conducted at the YMCA main facility or at Camp High-Tor. Your After School Site Director will have available information for these days. For purposes of scheduling transportation and staff, registration and payment must be completed 24 hours prior to the Vacation Day. Care for these days is not included in your After School Program billing. The cost is \$30.00 per day for members and \$50.00 per day for non-members. Lunch will be provided.

Care will be provided on the following days:

November 3	January 18
November 11	February 1
November 23-25	March 29-April 2
December 28-30	

Bad Weather Days

If bad weather causes school closings before school begins, the After School Program will be available at the YMCA from 7:30 am – 6:00 pm. Parents can sign in at the front desk and make payment. The cost is \$30.00 per day for members and \$50.00 per day for non-members. Lunch will be provided.

If schools close while school is in session, children will be sent home. Parents or family members will be responsible for the pick up of their child (or children). The YMCA After School Program will not be available.

Early Out Days

On days where there is a scheduled early dismissal, the After School Program will not operate. There will be no charge for these days.

Withdrawal Policy

Parents wishing to cancel their Enrollment Agreement may do so with a written 2-week notice. You may deliver this to the Finance Director to assure payment balance due.

Staffing

Tri-County YMCA's After School Care program provides youth a place to go after school where they are cared for by caring, trained staff. Our After School program strives to help children develop to their full potential, focusing on self-awareness, confidence, academic achievement, and physical skills.

All staff are CPR and First Aid certified through the American Red Cross, YMCA trained in age appropriate activities and Child Abuse Prevention, background checked, and selected for their ability to work well with children.

Children will be adequately supervised with staff/child ratios maintained at all times. The ratio for school age children is one staff for every 16 youth. There must be at least 2 staff members present at all times.

Babysitting Policy

It is the policy of Tri-County YMCA that YMCA staff will not initiate contact with or accept supervisory responsibilities with program or membership participant children they meet through their YMCA employment outside approved YMCA activities, including babysitting. Tri-County YMCA staff may not be alone with children they meet through YMCA program participation or membership facility usage outside the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes.

Social Media Policy

The YMCA's Child Abuse Prevention policy prohibits Tri-County YMCA staff from fraternizing with youth under the age of 18 who they **have met as a result of working at the YMCA**. This no contact policy extends to social media as well as other forms of communication, such as texting, instant messages and direct messaging. The YMCA does allow staff to contact minors regarding YMCA programs via e-mail or text for the purpose of sharing information about the programs. However, staff is prohibited from social media interactions with minors on all personal matters, including casual conversation or for reasons unrelated to their job responsibilities including but not limited to staff's personal Facebook, You Tube, My Space, Twitter, Linked In, Snap Chat, Instagram, blogs and wikis, etc. Staff with profiles on social networking sites **may not** request to be friends with youth or **approve/accept** friends requests from youth.

Program Fees

The YMCA provides programs that are not only safe and educational, but also affordable. We strive to assure programs are available for all families no matter their income. The following rates are based on YMCA member and non-members status.

Enrollment fee:	\$40.00 per child
Member fee:	\$59.00 per week per child (full-time status) \$14.50 per day per child (part-time status)
Non-member fee:	\$118.00 per week per child (full-time status) \$29.00 per day per child (part-time status)

A 10% discount will be given to families with 2 or more children enrolled **full-time** in the program. The first child will pay full price and all additional children will be discounted 10%. **(Discount is for members only)**

Payment Policies

Payment is due at the time of registration. In addition to the registration fee, payment for the first 2 weeks of school is due. Payments will then be due on a bi-weekly basis. Site Directors will collect payments on site or payments can be made at the YMCA. A payment schedule will be handed out to all parents on the first day of school.

A \$10.00 late fee will be assessed if payment is not received by the following Wednesday. Money not received by this time will result in automatic suspension to the After School Program. Payments may be made by check, money order, or cash at the school site. Please ask for a payment receipt from your Site Director. Credit card payments can be made at the YMCA building. A \$10.00 returned check fee will be assessed for any and all returned checks.

The After School program ends each day at 6:00 pm. A late fee of \$10.00, per each 15 minutes late, will be assessed. Payment is due at that time.

Payments can be automatically deducted from a credit card or a checking account on the due dates. If you wish to pay via auto deduct, please sign up during enrollment process.

Financial Assistance

Program assistance is available for families who qualify. Contact the YMCA at 757-0016. Anyone interested in assistance should fill out all necessary paperwork before the child may attend. The YMCA guarantees that no child is turned away because of inability to pay.

In accordance with Federal law and US Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability or retaliation. If you require information about this program, activity or facility in a language other than English, contact the USDA agency responsible for the program or activity, or any USDA office. If you require this information in alternative format (Braille, large print, audiotape, etc.), contact the USDA's office.

To file a complaint alleging discrimination, write USDA, Director, Office of Civil rights, 1400 Independence Avenue, S.W., Washington, DC, 20250-9410, or call toll free (866) 632-9992 (Voice). TDD users contact the USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

Records and Information Disclosure

Tri-County YMCA maintains the confidentiality of all children and staff records and provides for the secure storage, maintenance and disposition of records. Records will only be provided with a court order and a copying charge will be incurred for all copies.

Injuries

Although staff plan safe activities, it is inevitable that injuries may occur. If your child is injured while participating at After School, we will follow the appropriate measures to insure their safety. Trained staff will care for the child until necessary help arrives. A parent will be notified immediately.

Trained staff will handle scrapes, bumps and bruises, and notification will be made to the person picking up the child. An Accident Form will be filled out and a signature will be required from the individual picking up the child. The Tri-County YMCA stresses safe practices in all areas of After School.

Behavior Management Guidelines

The following is the process staff will use when dealing with misbehavior. The goal of these guidelines is to improve behavior rather than to punish or demean any participant.

1. **Warning** – The child will be given a verbal warning for inappropriate behavior. The staff shall point out specific behaviors to the youth. Some more serious or dangerous behaviors (such as pushing another child) will receive no warning; instead, the youth will immediately be given a time out. (Documentation will occur.)
2. **Time Out** – When youth continues inappropriate behavior, he/she will be removed from the group and asked to think of a more positive way to act. Time Outs will be long enough for the youth to think about the incident and come up with an answer to why it occurred and what they should do the next time a similar situation arises. If the youth is unable or unwilling to answer, then he/she will stay in Time Out until they are willing to speak about the incident. At this time they may rejoin the group.
3. **Documentation** – Incident reports must be signed by the individual picking up the child. Please contact individuals who have permission to pick up your child to inquire if any such reports were presented in your absence.
4. **Conferences** – After 3 write-ups or in the case of a serious behavior problem, the youth will be suspended until the youth, a parent, Site Director, and the Family Services Director will meet to discuss the issue.
5. **Removal from the Program** – Once a conference has taken place; subsequent write-ups will result in the suspension and/ or expulsion from the program. At the discretion of the Family Services Director, the youth may be removed from the program. There will be no refunds of money paid. Fighting, disrespect to staff, and inappropriate language can

result in immediate suspension and possibly termination from the program, if deemed necessary.

Parent Visitation

Parents are an intricate part of the YMCA After School Program. We strive for a close relationship with the entire family. Parents are welcome to visit the AfterSchool Program at any time to volunteer, teach a specific skill to the participants, or to just join in on the fun.

We appreciate the time you are taking in reading this handbook. We will continue to update it as needed. **If you would be interested in participating on a Parent Advisory committee, please contact the Family Services Director at 757-0016. We would love for those voices of the parents to continue to be heard.**

NONDISCRIMINATION POLICY

In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, Tri-County YMCA will not discriminate against any individual on the basis of disability. Tri-County YMCA will make reasonable modifications in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services. Tri-County YMCA will not exclude any individual with a disability from the full and equal enjoyment of its services and facilities, unless the individual poses a direct threat to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures or by the provision of auxiliary aids or services. Tri-County YMCA will not exclude any individual from the full and equal enjoyment of its services and facilities because of the individual's association with a person with a disability.

Reporting Child Abuse/Neglect

Although the YMCA supports each individual's choice of child discipline, everyone, including parents, is prohibited from administering physical punishment of any kind at a YMCA After School Site. If a staff member observes or receives a report from a child or other person that a child has been violated in any way at the After School program or elsewhere, it must be reported immediately so steps can be taken to protect the child. The procedure is as follows:

- A written incident report must be made to the Site Director and/or Family Services Director
- A copy of the report must be sent to the Executive Director immediately.
- After a thorough investigation, the Family Services Director or the Executive Director will take appropriate action.

Tri-County YMCA is a "mandated reporter" which means we are required by law to report suspicions of abuse or neglect to Child Protective Services. Violation of this policy by YMCA employees will be considered grounds for immediate termination.

Child Health, Illness, Exclusion Policy

In order to insure the health and safety of all children enrolled, Tri-County YMCA has established guidelines for short-term care and exclusion. Please be sure that we are aware of your child's known medical condition such as asthma, diabetes allergies, etc. and any special treatment or procedures. The AfterSchool Care program has an obligation to deny admission to or send home any child who exhibits one or more of the conditions listed below:

The illness prevents the child from participating comfortably in program activities.
The illness results in greater need for care than the staff can provide without risk to the health and safety of other children.

The child has any of the following conditions:

- Temperature of 100 degrees or greater.
- Colored discharge from the nose.
- Symptoms and signs of severe illness
- Diarrhea
- Vomiting
- Mouth sores with drooling
- Rash with fever or behavior change
- Lice or other infestation
- Conjunctivitis or pink eye
- Impetigo

The parent, legal guardian or other person authorized by the parent will be notified immediately when a child has a symptom requiring exclusion from the program.

Please note: If your child has been exposed to COVID-19 and is unable to attend our program, you must provide either a Doctor's Excuse or a note from the school stating the dates your child(ren) were unable to attend.

Medication Policy

All medications are to be in their original, clearly labeled containers with the child's name and dosage requirements, physician's orders and signature, child-proof caps, and must be checked in and given to a staff member for safe storage. Two copies of our medication form must be obtained from staff, filled out completely by the parent and physician, signed and returned to staff. One copy will be placed in the child's permanent file and one posted to remind staff to administer medication and to provide acknowledgment. No medications will be dispensed unless we have a signed medication form on file.

Emergency/Safety Procedures

Tri-County YMCA is committed to the safety of every child in our care. We conduct monthly inspections of our After School locations and report any problems to the school personnel. We also conduct monthly fire drills in compliance with the WV Department of Health and Human Resources and the WV State Fire Marshall's office. A copy of our Tri-County YMCA Emergency Procedures Manual for the After School Care program is available upon request.

Physical Altercation Policy

The Tri-County YMCA will follow Putnam County School policy in regards to physical altercations while attending afterschool. We encourage any child who feels threaten to immediately tell an Afterschool Staff person.

Tri-County YMCA Afterschool

Title: Grievance Procedure

Effective Date: April 25, 2015

Tri-County YMCA Afterschool Grievance Procedure Purpose: The purpose of this procedure is to ensure participants, responsible party(s) of participants, or employees can express concerns or make formal complaints without fear of retaliation of any kind.

Grievance Procedure:

Participants, responsible party(s) of participants and/or employees must report any complaint in within five (5) days of the occurrence, to the Family Services Director. The complaint or concern must be submitted in writing, including date of occurrence and signature of person submitting the concern or complaint.

The Family Services Director must respond in writing within an additional five (5) days.

If any parties involved are not satisfied with the outcome or resolution then the complaint may be addressed by the Executive Director within an additional five (5) days.

In the event that one or more of the parties involved are not satisfied with the outcome or resolution after it has been addressed by the Family Services Director and the Executive director a conference will be scheduled with the Executive Director, Family Services Director, and individuals involved.

After School Payment Schedule 2020-2021

Due Date	Dates	Days	Member Amount		Non-Member Amount		\$10 Late Fee Added on
			Full-Time	Part-Time	Full-Time	Part-Time	
At Registration	9/8-9/18	7	varies	varies	Varies	varies	
September 18	9/21-10/2	10	\$118	\$14.50/day	\$236	\$29/day	9/24
October 2	10/5-10/16	10	\$118	\$14.50/day	\$236	\$29/day	10/8
October 16	10/19-10/30	10	\$118	\$14.50/day	\$236	\$29/day	10/23
October 30	11/2-11/13	10	\$118	\$14.50/day	\$23	\$29/day	11/5
November 13	11/16-11/27	5	\$59	\$14.50/day	118	\$29/day	11/18
November 27	11/30-12/11	10	\$118	\$14.50/day	\$236	\$29/day	12/3
December 11	12/14-1/1*	8	\$94.40	\$14.50/day	\$188.80	\$29/day	12/17
January 1	1/4-1/15	10	\$118	\$14.50/day	\$236	\$29/day	1/7
January 15	1/18-1/29	9	\$106.20	\$14.50/day	\$212.40	\$29/day	1/21
January 29	2/1-2/12	9	\$106.20	\$14.50/day	\$212.40	\$29/day	2/4
February 12	2/15-2/26	10	\$118	\$14.50/day	\$236	\$29/day	2/18
February 26	3/1-3/12	10	118	\$14.50/day	\$236	\$29/day	3/4
March 12	3/15-3/26	10	\$118	\$14.50/day	\$236	\$29/day	3/18
March 26	3/29-4/9	5	\$59	\$14.50/day	\$118	\$29/day	4/1
April 9	4/12-4/23	10	\$118	\$14.50/day	\$236	\$29/day	4/15
April 23	4/26-5/7	10	\$118	\$14.50/day	\$236	\$29/day	4/29
May 7	5/10-5/21	10	\$118	\$14.50/day	\$236	\$29/day	5/13
May 21	5/24-6/2	7	\$82.60	\$14.50/day	\$165.20	\$29/day	5/27
May 29	6/1-6/3	3	\$35.40	\$14.50/day	\$70.80	\$29/day	6/3

*Payment may increase if extra days are added to the end of the school year.

YOU HAVE RESERVED A SPOT IN THE AFTERSCHOOL PROGRAM. YOU ARE RESPONSIBLE FOR PAYMENT OF THE DAYS RESERVED NOT THE DAYS ATTENDED. WE DO MAKE ALLOWANCES FOR SNOW DAYS.

Office Use Only

Member _____ NonMember _____

ENROLLMENT AGREEMENT 2020-2021

This form must be completed and returned to the YMCA office with a \$40 enrollment fee plus first two weeks payment in order for your child to be enrolled in the program.

Child's Name _____ Parent's Name _____

Ethnicity: ___ White/Caucasian ___ Black/African American ___ Hispanic ___ Asian ___ Mixed ___ Other

Address _____ Phone _____

School Child Attends _____ Afterschool Location _____

1. I understand that I am enrolling _____ for the
(Child's Name)
current school year.

He / she will attend ___ Full Time (Monday – Friday)
 ___ Part-Time (Please Circle) M T W Th F

Part-time enrollment is expected to be based on a set schedule of the same days each week. Situations where parents have alternating work schedules will be individually evaluated before enrollment and parents must be able to **provide attendance schedules at least 4 weeks in advance**. I understand that the failure to do so could result in my child being dropped from the program.

2. I understand that the program is open according to the official school calendar as set forth by the Board of Education of the Putnam County School System. I understand the program is therefore not in operation during vacations, inclement weather and other closings. I also understand if **school closes early for any reason**, children will be sent home and I must make arrangements in advance with the school for those situations.

3. I understand the fees for the first two weeks of participation will be due in advance of the starting date. Payment for each two-week period thereafter is due the Friday before the weeks of participation. A failure to pay will result in a **\$10 late payment fee**.

4. I understand in the event of any absences during program hours I will be responsible for **PAYMENT OF FEES** for the **TIME RESERVED** in the program, **NOT ACTUAL TIME** spent in the program.

5. I understand my child must be picked up by 6:00 pm and in the event that I am late, a fee of \$10.00 per each 15 minutes past 6:00 pm will be incurred. This late fee must be paid in full at the time of the occurrence.

6. I understand I am responsible for updating my child's file information as changes occur.

7. The program staff will assume full responsibility for my child from the time he/she arrives at the program until they leave the program according to instructions, I have written on the departure form.
8. I understand if a medical emergency arises, the program staff will attempt to contact me. If I cannot be reached, I understand staff will take appropriate measures to ensure my child's safety, including transportation by ambulance to the hospital. I understand I will be responsible for payment of any fees as a result of this type of situation.
9. Property damage to YMCA equipment or the school will be the responsibility of the signed parent or guardian of the child.

Nondiscrimination Policy

In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, Tri-County YMCA will not discriminate against any individual on the basis of disability. Tri-County YMCA will make reasonable modifications in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services. Tri-County YMCA will not exclude any individual with a disability from the full and equal enjoyment of its services and facilities, unless the individual poses a direct threat to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures or by the provision of auxiliary aids or services. Tri-County YMCA will not exclude any individual from the full and equal enjoyment of its services and facilities because of the individual's association with a person with a disability.

I agree to adhere to all stated policies and procedures both here and as outlined in the Parent Information handbook, and give my permission for my child to participate fully in this program.

Signature of Parent/Guardian/Custodian _____

Date _____ Relationship to Child _____

Reporting Child Abuse/Neglect

I understand that the Tri-County YMCA is a "mandated reporter" which means we are required by law to report suspicions of abuse or neglect to Child Protective Services or the authorities. The Tri-County YMCA will fully cooperate with CPS and local authorities in any ongoing investigations.

Signature of Parent/Guardian/Custodian _____

Date _____ Relationship to Child _____

If there is a separation or divorce custody problem, which the program staff should be aware of, please explain:

Custody restraints/person(s) that may NOT pick up your child:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

RELEASE FORMS

Child's Name

MEDIA RELEASE

I DO / I DO NOT (circle one) give permission to have my child appear in any media coverage including photographs, audio or visual recordings or verbal statements approved by the Tri-County YMCA. This includes, but is not limited to, social media, website, program guides, or TV advertisements.

Signature of Parent/Guardian/Custodian

Date

TRAVEL AUTHORIZATION

I DO / I DO NOT (circle one) give permission to have my child leave the After School Program to participate in special events or field trips. I understand that they may be transported in the YMCA bus, county school bus, and/or charter bus.

Signature of Parent/Guardian/Custodian

Date

Swimming Permission: Yes No (circle one)

Signature of Parent/Guardian/Custodian

Date

MEDICATION AUTHORIZATION

If at any time during the year your child must be given medication during program hours it must be packaged according to directions included in the Parent Handbook and a Medication authorization form must be completed and given to the Site Director.

Child's Full Name: _____

Name of Medication: _____

Dosage: _____

Time: _____

Number of Days: _____

Signature of Parent/Guardian/Custodian

Date

Allergies

Describe reaction/management of reaction

Medication Allergies

Food Allergies

Other Allergies:

HEALTH FORM

This form will be presented upon admission for treatment.

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance __ Yes __ No

If so, indicate carrier or plan name _____ Group # _____

Carrier Address _____

Name of insured _____ Relationship to participant _____

SSN of policy holder or insurance ID number _____

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the Family Services Director to order X-rays, routine test, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary transportation for my child or me. In the event I cannot be reached in an emergency. I hereby give my permission to the physician selected by the program director to secure and administer treatment, including hospitalization. This complete form may be photocopied for offsite trips. I agree to pay the entire costs and fees contingent on any emergency medical care and or treatment for my child as secured or authorized under this consent.

Signature of parent/guardian _____

Staff Witness _____ Date _____

Every effort will be made to notify parent/guardian immediately in case of emergency.

**If for religious reasons you cannot sign this please contact the Family Services Director.*

Name of family physician _____

Address _____

Phone _____

In order to communicate with parents about events or closing, we will use Social Media, our Tri-County YMCA app and direct texts to parents. Please follow tricountyyymcawv on Facebook. If you would like to be texted about closings and changes please list your cell phone number below. We can only attach one cell phone number to each child.

Yes, I opt into being added to "Remind Me" to get text information about afterschool changes. **We are unable to text some "pay as you go" carriers.

Cell Phone _____ Carrier _____

—CONFIDENTIAL—

Medication Order for West Virginia Public Schools — Putnam County (HS-18)

Student Name	_____	_____	_____	Birthdate
	Last	First	MI	
Address	_____			Age
Telephone Number	_____		School Year	Grade
School	_____		(Homeroom) Teacher	

This form must be filled out and signed by a licensed prescriber and the parent/guardian for all medication to be given in the school setting. A separate order is required for each medication and orders are good for the current school year only. All medication changes (dosage, time, etc.) require the completion of another form. A photograph of this student may be taken to assist in the correct administration of medication. Medication may be given by unlicensed school personnel to whom the nurse has delegated medication administration and trained to administer medication. All medication must be sent to school in the original container bearing the student's name. Medication will not be administered at school if information is incomplete.

Name of medication _____ Expiration date of order _____

Reason for Medication Administration (Medical Diagnosis) _____

Dosage _____ Route or method of administration _____

Time to be administered _____

Side effects to watch for _____

Comments/Special Instructions _____

Student Allergies _____

**If rectal diazepam, may this medication be administered by unlicensed personnel? Yes or No (circle one)*

**May this student self-administer this medication if permitted by county policy? Yes or No (circle one)*

**May this student carry this medication on his/her person if permitted by county policy? Yes or No (circle one)*

Prescriber's Name (please print) _____ Telephone Number _____

Prescriber's Address _____ Fax Number _____

Prescriber's Signature _____ Date _____

I understand that, whenever possible, all medications should be given at home. I give permission for _____ to take the above medication at school according to county policy. I also understand and agree that the school nurse may talk with the clinician and his or her staff, as well as school personnel, regarding the student's condition and administration of this medication and its effects. I further understand that the school, county school board and its employees and agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student and agree to indemnify and hold harmless the school, the county board of education and its employees or guardians and agents against any claims arising from the self-administration of medication.

Parents must transport medication to and from designated personnel at the school. Parent assumes responsibility in "change of location" of medication according to Putnam County School Policy.

Parent/Guardian signature to approve administration of medication _____

Daytime phone number _____

EMERGENCY INFORMATION

EMERGENCY CONTACTS

These should be local persons who may be notified in case of emergency or illness when the parent/guardian/custodian is unavailable. Due to licensing requirements we must have complete addresses. NO EXCEPTIONS.

Name Address

Home Phone Number Cell Phone Number Work Phone Number

Name Address

Home Phone Number Cell Phone Number Work Phone Number

Name Address

Home Phone Number Cell Phone Number Work Phone Number

RELEASE OF CHILD

Please list persons with whom the child may leave the program:

Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____

If child must leave the program with someone not listed here, you must provide written verification **IN PERSON** to the Site Director before the child will be released to the person.

Please list persons with whom the child may **NOT** leave the program.

Name Relationship to Child

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA. A copy will be filed with your child's records.

I understand YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand I am not to leave my young child or children* at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

***Note: Most YMCAs have a policy that defines the specific age.**

I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.

I understand my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the YMCA and must be of the age required by this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.

I understand should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

I understand the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Note: It may be appropriate for the YMCA to insert fees or other policy statements that need additional emphasis at this point.

I have received a copy of the YMCA Youth Program Handbook and Parent Policies and Procedures and will keep it for future reference.

Parent/Guardian Signature

Date