

Emergency Contact Form

Section A:

To Be Completed by Parent/Guardian		
Date form completed:	Revised:	Initials:
Child's Name:	Birth Date:	Nickname:
Home Address:		
City:	State:	Zip:
Home Phone:	Work/Cell Phone:	
Emergency Contact Name(s):		Relationship:
Home Phone:	Work/Cell Phone:	
Primary Language:	Phone Number(s):	

Section B:

Severe symptoms can cause a ***Life Threatening Reaction:***

- Hives spreading over the body
- Wheezing, difficulty swallowing or breathing
- Swelling of face/neck; tingling or swelling of tongue
- Vomiting
- Signs of shock (extreme paleness/gray color, clammy skin)
- Loss of consciousness

Treatment:

1. Give EpiPen or EpiPen Jr. immediately. Place against upper outer thigh, through clothing if necessary.
2. CALL 911 (or local emergency response team) immediately. EpiPen only lasts 20-30 minutes.

911 (emergency response team) should always be called if EpiPen is given.
3. Contact parents or emergency contact person. If parents unavailable, school staff should accompany the child to the hospital.

Directions for use of EpiPen:

1. Pull off gray cap.
2. Place black tip against upper outer thigh.
3. Press hard into outer thigh, until it clicks.
4. Hold in place 10 seconds, then remove
5. Discard EpiPen by giving it to emergency responder for disposal.
6. If symptoms don't improve after _____ minutes, administer second dose, following steps 1-5 above.

Special Instructions (for Health Care Practitioner to complete):

Prescribing Practitioner Signature: _____ Print Name: _____ Date: _____

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS

HEALTH HISTORY FORM

Child's Name: _____ Birth Date: _____

Parent/Guardian Name: _____ Relationship: _____

Check the correct answers to the following questions. Give a brief explanation under COMMENTS for any YES answer.

Does the child have any of the following?	YES	NO	COMMENTS
a) Vision problem?			
b) Hearing problem?			
c) Speech or language problem?			
d) Physical illness or impairment problem?			
e) Mental, emotional or behavioral problem?			
f) Developmental delay?			
g) Allergies?			
h) Other? <i>(If YES, specify)</i>			
i) Health condition which may require care or emergency action? <i>(If YES, specify, e.g. seizures, bee sting allergy, diabetes, etc.)</i>			
j) Does the child have up-to-date immunizations?			
k) Is the child currently taking any medication?			

This child is otherwise in good physical and mental health. This child is also free of communicable disease and may participate fully in all activities.

YES	NO

List any areas of the program in which the child cannot fully participate. Would any limits or alterations help to meet his or her needs? Please explain briefly.

Signature of Parent/Guardian

Date

* A parent may object when medical examination of a child conflicts with the parent's bona fide religious belief and practice. Under such circumstances, the parent may also use this form.

**DISCIPLINE
GUIDELINES AND PROCEDURES**

The following is provided to inform you of examples of inappropriate behaviors and enforced step consequences. It is our intention to work with our program participants and their parents to provide a safe and orderly recreation environment and experience. Proper behavior helps to insure enjoyable participation for all the children.

Examples of Inappropriate Behavior

Hitting or scratching	Tripping	Stealing
Biting	Fighting	Vandalism
Pushing	Throwing objects at another	Acting disrespectful towards or not obeying staff
Pinching	Cursing	Under the influence of drugs and/or alcohol
Hair pulling	Lying	In possession of drugs and/or alcohol
Kicking	Name calling	In possession of guns, knives or any object fashioned to become a weapon.
Slapping	Obscene gestures	Intentional misuse of equipment

CONSEQUENCES

The following steps will be taken when inappropriate behavior is noted:

1. The child and staff will discuss the problem.
2. The parent will be notified by Program Discipline Report Form.
3. The child will be suspended for one day.
4. The child will be suspended for the remainder of the program.

THE SEVERITY OF THE INFRACTION, DETERMINES WHICH STEP WILL BE TAKEN.

I, the undersigned, have read and understand the Discipline Guidelines and Procedures.

Parent/Guardian Signature

Date

Print Name

Child's Name (Print)

Copies – 1 Parent
 1 Program