HAMPTON VA
PARKS, RECREATION & LEISURE SERVICES

Beyond the Bell Program 2018-2019
Fill Form Out Completely.
(PLEASE PRINT)

Child's Name: Sex: _______ DOB: ______________
mm/dd/yy

____
Last First M.I.

Address: ___________________________________ City: _____________ State: _______ Zip: ______________

Parent/Guardian: _____________________________________ Home #: __________________________________

Place of Employment: ____ Work #: ___________________________

Please List Person(s) or Agency Having Legal Custody of Child: ____

Emergency Contact: ____ Phone: ________________________________

Other Means By Which You May Be Contacted

Cellular Phone: __________________ Pager: __________________________ E-Mail: __________________________

____ ____________________
Signature of Parent/Guardian Date

Person(s) Authorized to Pick-Up Child

Name: __________________________ Relationship: ____________________ Phone No.: _______________________

Name: __________________________ Relationship: ____________________ Phone No.: _______________________

Name: __________________________ Relationship: ____________________ Phone No.: _______________________

Name: __________________________ Relationship: ____________________ Phone No.: _______________________

FOR OFFICE USE ONLY

________ Session #

Paid For: Registration: _______ Weekly: _______ Monthly: _______ AM _______ PM ________ N/A _________

Received By: _______________________ Amt Received: ________________ Ck or MO# _______________
Staff Member

Today's Date: __________________________ Program Title & Site Location: ____________________________________

HAMPTON VA
PARKS, RECREATION & LEISURE SERVICES

MEDICAL INFORMATION

Child's Full Name: ________________________________ Child's Birth Date: _______________

Physician's Name: ________________________________Physician's Phone: ________________

Current Health Problems or Allergies: ____

Current Medications: ____

Limits or Restrictions due to health reasons: ____

PARENTAL CONSENT FOR TREATMENT

This is to certify that I/We have Hospitalization Insurance with:

Company: __________________________________Policy #:_____________________________

Do we have permission to give any medical treatment necessary to your child in case we are unable to contact you? Yes____ No____ Any exceptions? Please specify:

____

The Parent or Guardian will be responsible for picking up an ill child immediately upon notification from the staff.

Parent or Guardian will provide, within 30-days of admission, written proof of a Physicians Examination by a Licensed Physician to Practice Medicine using the State Health Department screening examination form.

I/We the undersigned, do hereby authorize that the certified medical centers/hospitals are given the authority to render necessary medical services to my/our child(ren) which results, directly or indirectly, from his/her participation in trips, programs, events, activities by the City of Hampton Parks, Recreation & Leisure Services Department; and I/We, the undersigned; also hereby agree to be responsible for such charges made by medical center/hospital, doctor, ambulance, etc., in providing such medical services as are referred to above.

Parent/Guardian Signature: ____

Date: __________________________

Witness Signature: ____

Date: ___________________________

ASSUMPTION OF RESPONSIBILITY/RISK

I am aware of the general nature of Camp Programs sponsored by the City of Hampton's Parks, Recreation & Leisure Services Department, and I hereby assume responsibility for myself/my child (ren) to participate as well as the risks of participation in such a program. I agree to indemnify and hold harmless the City of Hampton, its agents/employees from any loss, damage, claim, demand, liability, or expense incurred as a result of any damage to property or person, caused by me/my child (ren) while participating in the program name d above. I declare to the best of my knowledge and belief that I/my child (ren) are in sufficiently good health and physical condition to participate in the program. I agree that I/my child (ren) will, to the best of our knowledge, abide by any physical limitations which limit our activities or ability to participate in this program/activity.

Parent Signature: ____

Date: __________________________

Parent Memorandum of Understanding

Sickness/Illness

1. A child will not be admitted to the program with any of the following symptoms: severe cold, severe sore throat, fever over 100-degrees Fahrenheit, vomiting, undiagnosed rash, diarrhea or lice.

2. When a child is not feeling well, the parent/guardian or emergency contact will be called. Please make arrangements to pick up child as soon as possible.

3. Please alert staff to medical conditions/medications needed by filling out all medical information on registration form. A nurse is the only person authorized to give medication.

4. Authorization to give medication must be accompanied by an "authorization to give medication" form and must be completed by the legal guardian of a child who requires medication while in the program. The medicine must be in its original container with specific instructions given by physician.

Inclusion/Special Accommodations

Hampton Parks, Recreation & Leisure Services provides opportunities in recreation settings where people of all abilities can recreate and interact together. If you need accommodations to participate, please call our Therapeutic Division at 728-1710.

Late Pick Up Policy

1. Parents are required to pick up their child (ren) from the program by 6:00p.m. (Full day camp)

2. Those children not picked up on time will be considered "late" and a "late fee" of $5.00 every 5 minutes, will be charged and payable at the time when your child is picked up.

3. In the event you cannot pick your child up, we suggest that you prearrange a back-up person to pick up your child.

Parent/Guardian Signature: ____

Date: _________________________

General Photography/Video Release Form

I authorize Hampton Parks, Recreation & Leisure Services to reproduce and/or publish pictures of likenesses of my child (ren), for the promotion of, or encouraging public participation in, the Hampton Parks, Recreation & Leisure Services programs. I understand that I will not be reimbursed in cash or in kind now or in the future.

Parent/Guardian Signature: ____

Date: __________________________

Trip Permission Slip

_______________________________ has my permission to attend (any and all) trips with
Name of Participant

Hampton Parks, Recreation & Leisure Services- Beyond the Bell Program 2018-2019

This permission is given with the understanding that normal precautions for the care and supervision of the participant will be taken during the trip. I am aware of the general nature of the mode of transportation and activities associated with recreation, and I knowingly and voluntarily assume the risks associated with my child's participation in the program.

___________________________________ ____________________
Name of Parent/Guardian Date

I authorize Hampton Parks, Recreation & Leisure Services Department to reproduce and/or publish pictures or likeness of myself and my child, for the promotion of, or encouraging public participation in, the Hampton Parks, Recreation & Leisure Services programs. I understand that I will not be reimbursed in cash or in kind now or in the future.

_____________________________________ _____________________
Parent Signature Date

I have received and understand the Letter of Understanding regarding camp regulations.

______________________________________ _________________________
Parent Signature Date

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DEVELOPMENT ASSESSMENT

In order to meet the needs of your child and to ensure proper Placement, please complete the questions below.

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1. Is your child able to communicate his/her needs? If No, please explain ______________________________ ______________________________
   - Child 1 Yes ☐ No ☐
   - Child 2 Yes ☐ No ☐
   - Child 3 Yes ☐ No ☐

2. Does your child take any medication that alters his/her behavior?
   - Child 1 Yes ☐ No ☐
   - Child 2 Yes ☐ No ☐
   - Child 3 Yes ☐ No ☐

3. Does your child have the ability to independently toilet him/herself?
   - Child 1 Yes ☐ No ☐
   - Child 2 Yes ☐ No ☐
   - Child 3 Yes ☐ No ☐

4. Does your child have any physical limitations?
   - Child 1 Yes ☐ No ☐
   - Child 2 Yes ☐ No ☐
   - Child 3 Yes ☐ No ☐

5. Does your child have tantrums? If Yes, what is an appropriate response to your child's tantrum? ______________________________ ______________________________
   - Child 1 Yes ☐ No ☐
   - Child 2 Yes ☐ No ☐
   - Child 3 Yes ☐ No ☐

6. Does your child function appropriately his/her age? If No, please explain: ______________________________ ______________________________
   - Child 1 Yes ☐ No ☐
   - Child 2 Yes ☐ No ☐
   - Child 3 Yes ☐ No ☐

7. Are you familiar with the benefits of our recreational programs?
   - Child 1 Yes ☐ No ☐
   - Child 2 Yes ☐ No ☐
   - Child 3 Yes ☐ No ☐

8. Does your child receive Report Cards or an IEP?
   - Child 1 RC ☐ IEP ☐
   - Child 2 RC ☐ IEP ☐
   - Child 3 RC ☐ IEP ☐

If you have any questions pertaining to these questions being asked, please contact our Therapeutic Division @ (757) 728-1710. We program for the ability, not the disability.

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AUTHORIZATION TO GIVE MEDICATION

We attempt to discourage administration of medication during program hours and request whenever possible, medication be scheduled other than program hours. We recognize that this is not always possible and will cooperate in administration of medication that must be given during program hours.

Our regulation includes:

1. Written orders, using this form from a physician detailing the name of the drug, dosage, and time interval medication is to be taken.
2. Using this form, signature of parent or guardian requesting that the Hampton Parks, Recreation & Leisure Services Department comply with the physician's order.
3. Medication must be brought to the program by parent or guardian in a container, appropriately labeled by the pharmacy or physician.

Please fill out and sign this form:

Name of Child: ____

Address: ____

Date of Order: ____

Name of Medication: ____

Dose: ____

Duration of Order: ____

(If duration exceeds three (3) months, renewal of order is necessary)

____

Physician

I request that the program give the above medication as ordered by the physician.

____

Parent or Guardian

Medical, IEP & Special Needs Disclosures

It is the intent of Hampton Parks, Recreation & Leisure Services to plan an environment that will facilitate the success of each and every child in our program. It is the responsibility of the parent/guardian to provide accurate assessment information to ensure that the staff is aware and equipped to manage situations that require special attention.

In the best interest of your child and to increase the ability of our staff to meet the needs of your child please complete and answer ALL application questions in the **Medical Information and Development Assessment** section of the registration form.

Your disclosures of conditions that require special medical attention, IEP's or special needs have not been disclosed your child may be immediately excluded from the program.

Please also be aware that because medical conditions and your child's needs may change over time, periodic re-assessments may be conducted to ensure proper accommodations and adjustments are made that may include, but are not limited to transfer to a more appropriate setting. It is your responsibility to inform staff immediately of any changes in your child's medical condition or special needs.

<u>Please initial each statement and sign below:</u>

____ I have read the above statements in regard to disclosure of medical, IEP and special needs information and agree to answer all registration application questions with full disclosure.

____ I further understand that as my child's medical condition or needs change my child may be periodically re-assessed to determine appropriateness for participation in our program. I will immediately inform staff of any changes in my child's medical condition or special needs.

____

Child's Name

____ _____________

Parent/Guardian Signature Date

Parks, Recreation & Leisure Services
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