



School Year Children's Programming

20 Sacramento Street, Cambridge MA 02138

Phone: 617.349.6287

Fax: 617.497.4388

Permission Form for 2020-2021 School Year

Child's Name: _____

Birth Date: _____

Emergency Medical Treatment

I hereby give school year children's programs permission to administer first aid and/or CPR to my child _____ and/or take above mentioned child to the nearest hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. My preference for hospital, if possible, is _____. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

Parent/Guardian Signature: _____

Date: _____

Allergy/Medication Information for Parents/Caregivers

To be reviewed by families requiring an inhaler epi pens, and/or other medications on site.

Please initial each statement and sign below.

_____ I understand that children may not begin programming until all necessary medications and paperwork are received.

_____ I understand that children who are prescribed an Epi Pen for an allergy must have a minimum of 2 Epi Pens kept on site.

_____ I understand that all medication needs to be in its original packaging with the prescription label clearly visible.

Parent/Guardian Signature: _____

Date: _____

Communication Permission

I give the school year children's programming staff permission to speak with the following contacts, which will allow us to work together for the support and positive development of my child.

Please circle any relevant contacts:

Classroom Teacher

School Psychologist

Behavior Consultant

Other: _____

Does your child have an Independent Education Plan (IEP): **NO**

YES

Parent/Guardian Signature: _____

Date: _____

DO NOT UPLOAD TO ASAP

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Please email to ayee@agassiz.org



Medical/Immunization Records Acknowledgement

I hereby acknowledge that my child's medical and immunization records are on file at my child's school or have been provided to the school year children's programming.

Parent/Guardian Signature: _____

Date: _____

Hand Sanitizer Permission

I hereby give permission for my child, _____, to use hand sanitizer under staff supervision during program hours.

Parent/Guardian Signature: _____

Date: _____

Media Permission

We love to capture our memories! Photos, videos, and other media are an important way to remember the fun times we've had. On occasion the agency may also use media for marketing purposes.

_____ Yes, I authorize school year children's programs to use and/or publish media of my child for commemorative and/or marketing purposes.

_____ No, I DO NOT authorize school year children's programs to use and/or publish media of my child for commemorative and/or marketing purposes.

Parent/Guardian Signature: _____

Date: _____

Arrival and COVID19 Screening

I understand that either I or a guardian must accompany my child each day and complete a verbal screening for COVID-19 with staff prior to drop off.

Parent/Guardian Signature: _____

Date: _____

Departure

My child will depart programming by:

_____ Parent/Guardian Pick Up

_____ Other Adult Pick Up

_____ Unsupervised Walk (Children 9 years and Older)

_____ Other (describe): _____

Parent/Guardian Signature: _____

Date: _____

Group Child Care and COVID19

I understand that there is an increased risk in exposure to communicable diseases including SARS-CoV-2 when enrolling my child in a group child care setting. Our school year children's programs will adhere to the Dept. of Early Childhood and Care's Health and Safety Requirements for Child and Youth Serving Programs. If my child falls ill or exhibits symptoms, I understand I must arrange for earliest possible pick up by a parent/guardian.

Parent/Guardian Signature: _____

Date: _____