



Out & About, a division of Imagine!

1665 Coal Creek Drive
Lafayette, CO 80026-2784
www.outabout.org

**Version 1
Summer**



Children's PERMISSION FORM

Please Complete & Sign EACH Form:

- Acknowledgment of Risk
- Emergency Care Release Form
- Transportation Permission
- Personal Care Permission
- Medication Administration Release
- Sunscreen Permission
- Bug Repellent
- Photo Release
- Immunization Form

ACKNOWLEDGMENT OF RISK

I understand that there may be dangers and risks associated with participation in Out & About, including the risk of injury or property damage. I acknowledge that I have fully considered the potential risks associated with Out & About's programming and voluntarily assume the risks associated with my student's/camper's participation in Out & About.

**As Parent/Guardian of _____
(participant's name), I give my consent and approval for my participant to participate in Out & About.**

Name of Parent/Guardian: _____

Parent/Guardian signature: _____

Date: _____

IMMUNIZATION FORM

Name of Participant: _____

Name of Parent/Guardian: _____

Please attach Immunization Form from the doctor's office for the following immunizations:

Diphtheria-Tetanus –Pertussis, Tetanus – Diphtheria, Polio, Hepatitis B, Measles, Mumps, Rubella

- I have attached/included my child's Immunization Form.**

- I understand that my child cannot participate until I return the record of the completed immunization(s) to Out & About.**

PHOTO RELEASE

Out & About, a division of Imagine!, has my permission to reprint and use photographs of _____ (**participant's name**) as well as an explanation of the activities they are participating in with Imagine! for use in promotional materials.

This permission is in effect until such time that I rescind my authorization or until such time that marketing and publicity activities of Imagine! cease.

If authorization is rescinded, no additional copies of the marketing literature will be printed after that date, but already printed copies may be distributed until that literature is replaced or updated (this relates to printed material such as Imagine! brochures, departmental brochures, Annual Reports, and other items which are printed in large quantities and used for at least one year).

Please check the appropriate option below:

_____ **No** photographs may be taken or used

_____ **Yes**, photographs can be taken and used in the context of Out & About and Imagine materials, including but not limited to: Out & About website, Out & About Facebook page, The Imagine! Annual Report, the Imagine! quarterly newsletter Imagine! That, the Imagine! in-house monthly newsletter, Imagine! brochures, on an Imagine! display board to be used at local fairs or seminars, on the Imagine! website, and other media such as newspapers, ARC newsletter, and specific venue marketing tools.

Name of Parent/Guardian: _____

Parent/Guardian signature: _____

Date: _____

TRANSPORTATION RELEASE

The Out & About After School Program, School Closure Days, and Summer Camp are community based, requiring transportation to and from activities. Out & About utilizes a fleet of company vehicles to provide transportation. Participants must be able to travel safely in a small group in the context of the community. I understand that there may be risks associated with transportation.

As Parent/Guardian of _____ (participant's name), I hereby give permission for Out & About staff to transport my child while enrolled in the programs.

Name of Parent/Guardian: _____

Parent/Guardian signature: _____

My child has permission to sit in the front seat of an Out & About vehicle.

Under no circumstances can my child sit in the front seat of an Out & About vehicle.

Date: _____

EMERGENCY CARE RELEASE

Out & About strives to maintain a safe, fun, learning environment at all times. The After School Program, School Closure Days, and Summer Camp activities take place in the surrounding communities. Our staff make every effort to assist your child in safe participation, but there may be emergency situations that arise. In the event of an emergency where your child needs immediate medical care, Out & About requires written authorization from a parent/guardian to release supervision and care of your child over to Emergency Medical Personnel.

As Parent/Guardian of _____ (participant's name), I hereby give permission for Out & About to release my child to the care and supervision of Emergency Medical Personnel, in the event my child needs immediate emergency medical attention while enrolled in the programs.

Name of Parent/Guardian: _____

Parent/Guardian signature: _____

Date: _____

BUG REPELLENT PERMISSION

Out & About Instructors will assist with the application of bug repellent to your child prior to participating in outdoor activities. Bug repellent will not be applied to broken skin or if a skin reaction has been observed. Any skin reaction observed by Instructors will be reported promptly to the Parent/Guardian. It is the parent/provider's responsibility to provide bug repellent if participant does not have permission to use Out & About bug repellent. Bug repellent bottles must be labeled with child's name.

Name of Participant: _____

Special instructions for applying bug repellent:

Please select the appropriate option for your child:

In the event my child's repellent is not readily available, my child may use bug repellent provided by Out & About.

Under no circumstances may my child use Out & About bug repellent. I acknowledge that if I do not provide my child with repellent that staff will make an attempt to contact me to address my child's participation. I understand that if I decline Out & About repellent that I may have to come to apply personal repellent or remove my child from services that day.

Name of Parent/Guardian: _____

Parent/Guardian signature: _____

Date: _____

SUNSCREEN PERMISSION

Out & About Instructors will assist with the application of sunscreen to your child’s face, tops of ears, bare shoulders, arms, legs and feet 15-30 minutes prior to participating in outdoor activities. Sunscreen will not be applied to broken skin or if a skin reaction has been observed. Any skin reaction observed by Instructors will be reported promptly to the Parent/Guardian. It is the parent/provider’s responsibility to provide sunscreen with a minimum SPF of 15 if participant does not have permission to use Out & About sunscreen. Sunscreen bottles must be labeled with child’s name.

Name of Participant: _____

Special instructions for applying sunscreen:

Please select the appropriate option for your child:

In the event my child’s sunscreen is not readily available, my child may use sunscreen provided by Out & About.

Under no circumstances may my child use Out & About sunscreen. I acknowledge that if I do not provide my child with sunscreen that staff will make an attempt to contact me to address my child’s participation. I understand that if I decline Out & About sunscreen that I may have to come to apply personal sunscreen or remove my child from services that day.

Name of Parent/Guardian: _____

Parent/Guardian signature: _____

Date: _____

PERSONAL CARE RELEASE

It is Out & About’s policy with our After School & Summer Camp programs to provide same-sex staff to participants needing diaper changes and/or assistance in the bathroom. In the event that a participant needs assistance and a staff of the same sex is not available (due to extenuating circumstances) it is our policy to call a parent or guardian. Parents and guardians will be offered the opportunity to (1) give permission for the staff to assist or change the participant, (2) come out to the activity to provide assistance themselves, or if feasible, (3) wait until a staff member of the same sex can be made available.

To reduce the risk of not being able to reach the parent/guardian in a timely fashion, please check one of the following options below:

_____ **Both Sexes Permissible**

_____ **Same Sex, BUT, in extenuating circumstances, members of the opposite sex are permissible**

_____ **Under NO circumstances shall a person of the opposite sex assist my child**

Name of Parent/Guardian: _____

Parent/Guardian signature: _____

Date: _____

MEDICATION ADMINISTRATION

If your child receives medication (prescription or non-prescription) while attending the After School Program, School Closure Days, or Summer Camp, please sign the permission slip on page 7. Out & About's Colorado Childcare License requires written consent from your local health care provider and Parent/Guardian in order to administer medication to your child during services. All delegated staff have taken a Qualistar Early Learning medication administration course and a Registered Nurse oversees this administration. Please note that the following requirements must be met before a trained Instructor can administer medication:

- Written authorization from **health care provider**
- Written authorization from parent/guardian
- Medical Release Form must be read, signed and dated
- Medication must be in original labeled container and the container label must list proper dosage of medicine

All medication must be brought to the office by the parents/guardian in the original containers with the pharmacy label intact. Medication will be stored in a locked container at Out & About. Medication will be removed from the locked containers by delegated staff, placed in a designated carrying case accompanied by the proper documentation, and each child will be administered their prescribed medication while in the community. Controlled medications must be counted out in the presence of a designated staff member and parent prior to administration.

To reduce the chance of human error, families are encouraged to supply Out & About with up to a month's worth of medication. The Coordinators must be notified immediately of any medication changes and require a doctor's note if medication is to be administered differently. For more information regarding medication administration please reference pages 14-15 of the Out & About Children's Service Handbook.

MEDICATION ADMINISTRATION (CONTINUED)

Name of Participant: _____

Parent/Guardian of _____ (participant's name), I hereby give permission for an Out & About Medication Administration Certified staff member to administer prescription and non-prescription medication to my child while enrolled in the programs, as listed below:

Medication #1: _____

Dosage: _____

Time given: _____

Medication #2: _____

Dosage: _____

Time given: _____

Health Care Provider Name: _____

Health Care Provider Signature: _____

Date: _____

Address of Health Care Provider: _____

Phone Number of Health Care Provider: _____

Name of Parent/Guardian: _____

Parent/Guardian signature: _____

Date: _____