

Jr. Campers
(Going into 3rd through 12 years)

Monday	Tuesday	Wednesday	Thursday	Friday
June 5 Swimming Lessons OTHS	6 In Steamboat from	7 10:00 am to	8 2:30 PM →	9 Welcome To Camp Camp Rules & Dye Shirts AM @ Decker Lunch Team building/Games
12 Swimming Lessons OTHS	13 In Steamboat from	14 10:00 am to	15 2:30 PM →	16 PJ DAY
19 Stagecoach 10:00AM-3:00PM	20 High Lonesome Ranch 8:30a -1:00p OR STEM PROJECTS	21 Jr Ranger Program Hike to Mosquito Lake with Ranger Amber 9:30-3:00pm	22 Stay And Play	23 Excel Gymnastics 12:00 – 1:00 pm
26 Stagecoach 10:00AM-3:00PM	27 High Lonesome Ranch 8:30a -1:00p OR STEM PROJECTS	28 BOWLING 	29 Yampatika	30 Excel Gymnastics 12:00 – 1:00 pm
July 3 NO CAMP	4 NO CAMP	5 Jr Ranger Program with Ranger Amber 9:30 – 2:00pm PM: Camp out Preparation	6 Stagecoach Camp Out →	7 Return from Stagecoach pick up by 3pm at OC Community Center
10 Stagecoach 10:00AM-3:00PM	11 High Lonesome Ranch 8:30a -1:00p OR STEM PROJECTS	12 Surprise Day	13 Yampatika	14 Excel Gymnastics 12:00 – 1:00 pm

Jr. Campers
(Going into 3rd through 12 years)

Monday	Tuesday	Wednesday	Thursday	Friday
17 Stagecoach 10:00AM-3:00PM	18 High Lonesome Ranch 8:30a -1:00p OR STEM PROJECTS	19 BIKE DAY	20 Yampatika	21 Excel Gymnastics 12:00 – 1:00 pm
24 Stagecoach 10:00AM-3:00PM	25 Hiking Day 	26 Jr Ranger Graduation @ Yampa Forrest Office	27 Yampatika	28 Excel Gymnastics 12:00 – 1:00 pm
31 Stagecoach 10:00AM-3:00PM	1 August PM: Camp out Preparation	2 Dinosaur Camp Out	3	4 Return from Dinosaur, pick up by 3PM at OC Community Center
7 Stagecoach 10:00AM-3:00PM	8 Old West Days	9 WAVE POOL	10 Yampatika	11 Excel Gymnastics 12:00 – 1:00 pm
14 Stagecoach 10:00AM-3:00PM	15 Thank You Day	16 FOOD DAY	17 Camp Olympics 	18 Routt County Fair in Hayden 9:00AM-1:30PM
21 NO CAMP	22 Back To School	23	24	24



TOWN OF OAK CREEK

P.O. Box 128 • Oak Creek, Colorado 80467 • (970) 736-2422

In Office

E-mail

Fax

June, 2017 – May 2018

Date Rec'd _____ by _____

Recreation Family Record

Please fill out only one Recreation Family Record per Family
for all Youth Programming

All information must be filled in completely. Do not leave any spaces blank.

Primary Guardian's Name: _____ Home #: _____ Cell #: _____

Mailing/Physical Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work #: _____ Work Hours: _____

Employer Address: _____ E-mail address: _____

Relationship to child: _____ Best way to reach you while child is at our program: _____

Secondary Guardian's Name: _____ Home #: _____ Cell #: _____

Mailing/Physical Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work #: _____ Work Hours: _____

Employer Address: _____ E-mail address: _____

Relationship to child: _____ Best way to reach you while child is at our program: _____

Emergency Contact List

List persons, other than those above, who can either pick up and/or assume responsibility for your child(ren) in the event of an emergency if parents cannot be reached. At least one non-guardian contact person must be listed.

1. Name: _____ Cell #: _____ Work #: _____

Address: _____

2. Name: _____ Cell #: _____ Work #: _____

Address: _____

3. Name: _____ Cell #: _____ Work #: _____

Address: _____

Persons NOT authorized to pick up or drop off your child (attach legal documents): _____

Household Medical Information

Household Physician: _____ Office Phone: _____

Physical Address: _____ Hours: _____

Household Dentist: _____ Office Phone: _____

Physical Address: _____ Hours: _____

Health Insurance Company: _____ Policy #: _____

Authorization for Emergency Medical Care/Transport to Yampa Valley Medical Center

I hereby give permission to Oak Creek Parks & Recreation staff to secure emergency medical and/or surgical treatment for my child(ren) while in their care and use Yampa Valley Medical Center for hospital care. All expenses of such care will be accepted by the parent(s) or legal guardian, including fees for an ambulance if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

Signed: _____ Print Name: _____ Date: _____

Parent/Guardian

Participant Information

#1 Child's Name: _____ **M F Grade (2017/2018):** _____ **DOB:** _____

Child Attends (circle applicable): **Soroco Elementary** **Soroco MS** **Soroco HS** **Other (list):** _____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies? Yes No If yes, to what? _____

Prescription medications? Yes No Frequency of use: _____

Does your child have doctor prescribed medications we will need to administer and schedule? Yes No

If yes, please obtain a Medication Administration Form.

Can participant swim without assistance? Yes No

My child has my permission to leave the programs via (circle all that apply): _____ (initials)
Guardian Pick-up Bicycle Walk Carpool Other _____

#2 Child's Name: _____ **M F Grade (2017/2018):** _____ **DOB:** _____

Child Attends (circle applicable): **Soroco Elementary** **Soroco MS** **Soroco HS** **Other (list):** _____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies? Yes No If yes, to what? _____

Prescription medications? Yes No Frequency of use: _____

Does your child have doctor prescribed medications we will need to administer and schedule? Yes No

If yes, please obtain a Medication Administration Form.

Can participant swim without assistance? Yes No

My child has my permission to leave the programs via (circle all that apply): _____ (initials)
Guardian Pick-up Bicycle Walk Carpool Other _____

#3 Child's Name: _____ **M F Grade (2017/2018):** _____ **DOB:** _____

Child Attends (circle applicable): **Soroco Elementary** **Soroco MS** **Soroco HS** **Other (list):** _____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies? Yes No If yes, to what? _____

Prescription medications? Yes No Frequency of use: _____

Does your child have doctor prescribed medications we will need to administer and schedule? Yes No

If yes, please obtain a Medication Administration Form.

Can participant swim without assistance? Yes No

My child has my permission to leave the programs via (circle all that apply): _____ (initials)
Guardian Pick-up Bicycle Walk Carpool Other _____

Required Waiver & Release

**This waiver applies to all children listed on previous “Participant Information” page.
Please read and initial the following statements and sign the bottom.**

_____ (initial)	I understand that Oak Creek Parks & Recreation <u>must have a copy on file</u> of an up-to-date, current IMMUNIZATION RECORD for each child prior to their first day at the afterschool and/or summer camp programs. This record needs to be on the Certificate of Immunization supplied by the Department of Public Health & Environment. I warrant that the participant(s) do not have any communicable diseases, and that I will report any exposure of my child(ren) to any communicable diseases to a supervising employee of the program (including strep, measles, chicken pox, common cold and influenza).
_____ (initial)	I have received and have read the current HANDBOOK (not required for Age 12+ participants). I hereby agree to comply with the rules & regulations of the programs as stated in the Handbook regarding tuition, registration, discipline, attendance, health, clothing and other items as specified.
_____ (initial)	I understand the following Cancellation/Refund/Household Credit Policy: (Further details in the Handbook.) <ul style="list-style-type: none"> Application fee is non-refundable No refund for school closings, days off, sick days or family vacation days Absences cannot be credited or refunded A two (2) week written notice to add, drop or change a child's schedule is required. Activity block program: Cancellations must be made at least 14 days prior to the first program date to receive 100% credit.
_____ (initial)	I hereby give permission for my child(ren) to go on all scheduled trips AWAY FROM THE PREMISES of the program, in the company of a qualified adult, whether on foot or by vehicle, using Oak Creek Parks & Recreation provided transportation when needed. I also give my permission for my child(ren) to be transported by a staff member in a licensed vehicle in the case of an emergency.
_____ (initial)	I understand that I am required to provide SUN BLOCK AND INSECT REPELLENT for my child(ren) at the camp. If my child(ren) comes to camp without these items, I understand that camp personnel will provide Coppertone Sunscreen and Off Insect Repellent for use on my child(ren), and I understand that they may not protect as well as my brands. I know that there are possible adverse skin reactions to certain sun protection lotion and insect repellants, and my child(ren) are not allergic to these specific brands.
_____ (initial)	I expressly understand and agree that neither the Town of Oak Creek, CO, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or the people in whose behalf this form is now signed as a result of actual or proposed participation in the above-named program and I hereby agree to indemnify and hold the Town of Oak Creek, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.
_____ (initial)	I agree, that by providing the Town of Oak Creek, Co, a municipal corporation, with my landline or cellphone number(s), I give express authorization to be contacted at those numbers, as well as authorize such contact by the Town of Oak Creek, agents and assigns. This express authorization also applies to any landline or cellphone number(s) I may acquire in the future. The Town of Oak Creek may also contact me by sending text messages or emails, sing any e-mail address I provide to the Town of Oak Creek. Methods of contact may include using prerecorded/artificial voice messages or use of automatic dialing device, as applicable.
_____ (initial)	**OPTIONAL** I give consent for my health care provider to release my child's current immunizations to my childcare provider. I understand that if I do not agree to this, I will provide current immunizations to the childcare provider and updated immunizations as needed <u>prior</u> to my child/ren attending Town of Oak Creek youth programs.
_____ (initial)	**OPTIONAL** I give consent for my child's health care provider and childcare provider to discuss my child's health concerns or allergies as listed under participant information on this form.
_____ (initial)	**OPTIONAL** I hereby give permission to the Town of Oak Creek to use my child(s) name and PHOTOGRAPHIC LIKENESS in all forms and media for advertising, trade, and any other lawful purposes, and forfeit all compensation for use. (By NOT authorizing this line, your child(ren) will NOT be allowed in pictures.

Parent or Legal Guardian – Print

Date

Parent or Legal Guardian – Signature

OFFICE USE ONLY

Received Immunizations

Photos OK? Yes _____ No _____

CO Approved Immunization Form



TOWN OF OAK CREEK

P.O. Box 128 • Oak Creek, Colorado 80467 • (970) 736-2422

The following release is **OPTIONAL**. It will be used to open up lines of communication between program staff and school staff (and possibly counseling staff) if/when necessary. We encourage school staff to let us know if a child needs extra help in a certain subject, or getting homework done. If a child is having other issues this form will facilitate program staff in becoming more helpful in creating or supporting the best solution for your child.

Please contact Johanna Farley, 970.846.6788 if you have further questions regarding this release.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, parent of _____ authorize the Town of Oak Creek Parks & Recreation youth program staff and the South Routt School District RE-3 to exchange any personally identifiable information in the records of either organization concerning my student with the agency or agencies indicated below. This is for the purpose of interagency coordination and collaboration.

Please check the agency/agencies below that might apply to your child.

_____ South Routt Elementary School

_____ South Routt Middle School

_____ South Routt High School

_____ Mind Springs Health (879-2141)

_____ Other agency _____

Other agency Address: _____

Other agency Contact & Phone #: _____

I understand that my records or those of the minor child listed are protected under State Regulations, and this information cannot be disclosed without my written consent. I understand that this is a written consent to disclose such records and that I may revoke this consent at any time, except in the instance such as a court order or other circumstances where the law requires information to be released.

This release expires in one year (June 2018) unless revoked in writing prior to this date.

Parent/Primary Guardian Signature

Date

Parent/Secondary Guardian Signature

Date

In shared custody cases, both parents must sign.

Submit completed forms to: Town of Oak Creek Parks & Recreation
E-mail: clerk@townofoakcreek.com / Hand delivered: 129 Nancy Crawford Blvd.
Fax: (970) 736-8225

Additional information: www.townofoakcreek.com/programs-camps or (970) 736-2422



Oak Creek 2017 Summer Camp Session Registration
JUNIOR CAMPER (Going into 3rd Grade - Age 12)

Child's Name: _____

Please mark which days in each session your child will attend camp and if your child will be a half or full day camper. The camp fees and the \$15.00 registration fee per camper are due at the time of registration. If a payment plan is needed, valid credit card information must be on file (provide this information on page 3) and it is expected that camp fees for the month of July will be paid in full no later than June 30, 2017, and camp fees for the month of August will be paid in full no later than July 31, 2017.

Full Days: \$25

Half Days: \$15 (ONLY AVAILABLE ON SOME DAYS)

AM Half: Drop-Off between 7:30 & 9:00 and Pick-Up between 12:00pm & 12:30pm.

PM Half: Drop-Off between 12:00pm & 12:30pm and Pick-Up between 4:30pm & 5:45pm

1. **Circle** the days you are enrolling your child for the Summer Camp Program.
2. Mark an "x" in the small for the "Blk" for Activity Block Days
3. Activity Block Days **include** Summer Program Days **except for swimming lessons**; please do not circle a date if you have an on that day.
4. Fill in the small for Half Day enrollment; please do not circle a date if you have a on that day.

June				
Mon	Tues	Wed	Thur	Fri
5	6	7	8	9
SWIM LESSONS BLOCK (WK 1 OF 2)-DAY FEE NOT INCLUDED				<input type="radio"/>
12	13	14	15	16
SWIM LESSONS BLOCK (WK 2 OF 2)-DAY FEE NOT INCLUDED				<input type="radio"/>
19	20	21	22	23
	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
26	27	28	29	30
	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

July				
Mon	Tues	Wed	Thur	Fri
3 No Camp	4 No Camp	5	6	7
		<input type="radio"/>	STAGECOACH CAMPOUT	
10	11	12	13	14
	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
17	18	19	20	21
	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
24	25	26	27	28
			<input type="radio"/>	<input type="checkbox"/>
31				

August				
Mon	Tues	Wed	Thur	Fri
	1	2	3	4
	<input type="radio"/>	DINOSAUR CAMPOUT		
7	8	9	10	11
	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>
14	15	16	17	18
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21 No Camp	After School Programming Begins the First Day of School Tuesday, 8/22/2017			



TOWN OF OAK CREEK
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Registration Fee \$15.00*
Full Day Program Days # ___ x \$25.00/day = \$ ___
Half Day Program Days # ___ x \$15.00/day = \$ ___

Activity Block Fees - Activity Block Fees include Summer Program Day fees for enrolled Activity Blocks except for swimming lessons.

- Swim Lessons June 5-8, June 12-15 Old Town Hot Springs \$55 (Day Fee Also Required)
Horse Lessons June 20, 27; July 11, 18 High Lonesome Ranch \$300
Campout July 5-6 Stagecoach State Park \$60
Gymnastics June 23, 30; July 14, 21, 28 Excel Gymnastics \$240
Campout August 2-4 Dinosaur National Monument \$90

Total Due at Registration (unless a Payment Plan is approved) \$ ___

CREDIT CARD INFORMATION

Name on card: _____
Card Number: _____ Expiration: _____ Security Code: _____
Billing Address: _____
(City, State and Zip Code)

Authorization to charge card pursuant to approved payment plan:
I hereby authorize the Town of Oak Creek to charge my credit card pursuant to the approved payment plan for Oak Creek Parks & Recreation Department camps and clubs.

Signature of Cardholder
Payment plan details: _____

Approved by Oak Creek Parks & Recreation: _____
Authorized Town of Oak Creek Signature

Town of Oak Creek - Recreation Programs Intake Form - 2017

*All responses are for informational purposes only to help better meet your child's individual needs; answers will not disqualify participants from enrolling.

Child's Name: _____ School Attending: _____ Grade Entering: _____

Parent/Guardian Name: _____ Email: _____

Home # _____ Work # _____ Cell # _____

Has this child participated in Recreation programs with the Town of Oak Creek in the past?(Circle One) ♦ No ♦ Yes

List Program/Dates: _____

Does your child have an aide assigned to them at school? ♦ Yes ♦ No

Does your child have any specific diagnosis or circumstance that would affect how our staff would interact with them on a day to day basis? ♦ No ♦ Yes: _____

What activities does the participant like to do in his/her free time? _____

What motivates the participant? _____

Any areas of concern? _____

Expected outcomes or goals for this child: _____

Any additional information you think we should know: _____

When things aren't working: Please explain strategies you use at home or school that work: _____

Please explain strategies that do NOT work or need to be avoided: _____

Signature by Parent

Date

Print Name



TOWN OF OAK CREEK

P.O. Box 128 • Oak Creek, Colorado 80467 • (970) 736-2422

Spring 2017

Dear Parents/Caregivers of our Summer Campers:

Thank you for registering your children with us for summer programming! This will be our fifth year of programming, and we are gearing up for a great season. Programs for summer day camp will be place-based and activity-driven, providing lots of hands-on opportunities to explore the natural surroundings in a safe atmosphere. We will spend much of our time out and about, so please pack campers accordingly with appropriate gear and lunches. **ALL SUMMER CAMPERS MUST WEAR CLOSE-TOED SHOES AND BRING A BACKPACK TO CAMP**, every day. If the camper is involved in an activity with water, they can **BRING** a pair of sandals/water shoes for that specific activity.

Attached, you will find a recommended gear list for daily summer campers. Occasionally, we will ask campers to bring additional gear based on the daily activity/field trip and will do our best to let parents know ahead of time. We will also do our best to provide extras (layers, gear, etc.) so please let us know if you need something.

Please note that all summer camp programs will take place out of the South Routt Community Center. Full and Half-day drop-offs and pick-ups will be at this location. If you are interested in a half day program, please note they are only offered on non-field trip days. The half day window is from 12-1pm. Please plan on picking up or dropping off your child for half-day programming during this time.

Also, we are always looking for parent volunteers to attend the daily programs; feel free to inquire if you might be interested. Please do not hesitate to contact with any other questions or concerns regarding your child(ren) attending our programs.

Looking forward to a great summer!

Johanna “JO” Farley
Parks and Recreation Program Lead

Town of Oak Creek
PO Box 128
129 Nancy Crawford Blvd.
Oak Creek, CO 80467
Office: (970) 736-2422
Fax: (970) 736-8225
Cell: (970) 846-6788

DAILY CAMPER GEAR LIST

Backpack or Bag
Healthy Sack Lunch
Water Bottle
Sunscreen and/or Bug Spray
Close-toed Shoes
Hat and
Sunglasses
Warm Layer(s) and Extra Socks
Rain Jacket
Bandana
Compass (if you have one)
Whistle (for emergencies only)
Journal and Nametag (will be made at camp)
Summer Reading Book of choice

Occasional Gear includes:

Bikes
Fishing Poles
Water Shoes/Sandals
Swimming attire (Suit, Swim Shirt, Towel, Goggles, etc)
Camp gear (see below)



SUMMER 2017 Town of Oak Creek & OTHS/Summer Camp Swim Lesson Registration

Dear Parents,

Old Town Hot Springs is partnering with the Town of Oak Creek to provide a special Swim Lesson during Summer Camp. These lessons will run June 5th – 15th, Monday through Thursday and are only available to kids enrolled in the Town of Oak Creek Summer Camp Program. Camp staff will provide transportation on swim lesson days to kids enrolled in our Summer Camp program. Children will be in or traveling to Steamboat from 10 a.m. to 2:30 p.m. It is the parent’s responsibility to transport kids to lessons on days they are not enrolled in the Summer Camp Program.

We will be offering lessons for American Red Cross Learn-to-Swim levels 1-5. Descriptions of each class level are listed on back. For more information regarding lessons, please contact Jessica Aldighieri at 970-879-1828 x 313. Please complete this form with payment to the Town of Oak Creek and **return to the Town of Oak Creek office** by May 26th.

Thank you,

Jessica Aldighieri
Old Town Hot Springs
Swim Lesson Coordinator

Johanna Farley
Town of Oak Creek
Recreation Program Coordinator

PARENT/GUARDIAN NAME(S)	PHONE: HOME	WORK	CELL
_____	_____	_____	_____
MAILING ADDRESS: _____			
EMAIL ADDRESS: _____ (for confirmation purposes)			
MEDICAL CONDITIONS: _____			

CHILD’S NAME	AGE	PROGRESSION LEVEL

No. of Participants	Price	Total
	Level 1-5 (45 min.) \$55	\$

PLEASE MAKE CHECKS PAYABLE TO TOWN OF OAK CREEK

PLEASE SIGN THIS WAIVER

I, _____, waive all liability to Old Town Hot Springs and any personnel employed by them, for any injuries incurred by my children, due to the children’s behavior during routine swimming lessons.

Signature: _____ Date: _____



American Red Cross Learn-to-Swim Program

Summer 2017 Swim Lessons Course Descriptions – Parks & Rec

LEARN TO SWIM COURSES

- All Learn-to-Swim Levels 1-5 are progressive by ability, not age.
- Participants must be able to demonstrate competency in all skills in the previous level to enroll in the next level.
- Children who participated in any swim lesson session at Old Town Hot Springs in 2016 will be placed according to their report card.
- All classes are 45 minutes.

Level 1 – Introduction to Water: There are no prerequisites for this course. The objective of Level 1 is to help students feel comfortable and enjoy the water safely.

Level 2 – Fundamental Aquatic Skills: Participants learn to float on front and back without support and recover to a vertical position. They explore simultaneous arm and leg actions on the front and back, complete front and back glides, and begin to tread water.

Level 3 – Stroke Development: Skills covered in Level 3 are rotary breathing, treading water for one minute, front crawl, dolphin kick, flutter kick, breaststroke kick, side stroke kick, and elementary backstroke.

Level 4 – Stroke Improvement: All six strokes are covered in Level 4: front crawl, breaststroke, butterfly, elementary backstroke, back crawl, and sidestroke. Additional skills covered are open turns on front and back, beginning fundamentals of diving, and treading water for two minutes.

Level 5 – Stroke Refinement: The objective of Level 5 is to refine all strokes and increase distances. All six strokes should be performed for 50 yards without interruption. All types of dives and front and back flip turns are also introduced. Treading water is done for five minutes.

PLEASE BE AWARE:

- Refunds will not be given for missed lessons, weather conditions, scheduling conflicts, etc.
- On days that your child is NOT enrolled in the Summer Camp Program, it is your responsibility to get your children to and from swim lessons and to provide supervision before and after lessons.
- Parents bringing their children to lessons are expected to remain on site at the Old Town Hot Springs. Summer Camp Program staff will only be in charge of children enrolled in that day's daily session.
- Due to the limited amount of space in the pool, once the classes are full there will be no more students admitted.
- Classes will meet on the upper deck on the first day of class. Be sure to bring shoes. **THE DECK CAN BE HOT!!**
- Don't forget the swimsuit, towel, sunscreen and goggles.



Medication Administration in Child Care

The parent/guardian of _____ ask that child care staff give the
following medication _____ at _____
to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed health care provider. It is the parent's/guardian's responsibility to furnish the medication.

The parent/guardian agrees to pick up expired or unused medication within one week of notification by staff.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over-the-counter medications must be labeled with child's name. Dosage must match the signed health care provider authorization, and the medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or staff delegated to administer medication.

Parent's/Guardian's Name Parent/Guardian Signature Date
Work Phone Home Phone Cell Phone

Health Care Provider Authorization to Administer Medication in Child Care

Child's Name: Birthdate:
Medication:
Dosage: Route:
To be given at the following time(s):
Special instructions:
Purpose of medication:
Side effects that need to be reported:
Starting date: Ending date:

Signature of Health Care Provider with Prescriptive Authority License Number
Phone Number Date

Please ask the pharmacist for a separate medicine bottle to keep at child care.

Thank you!