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Imagine!

School Age
Services
Permission
Packet
2021-2022

Please Complete & Sign EACH Form

- Emergency Care Release Form
- Transportation Permission
- Personal Care Permission
- Medication Administration Release
- Sunscreen Permission
- Bug Repellant
- Photo Release
- Immunization Form
- Field Trip Permission

ACKNOWLEDGMENT OF RISK

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

As Parent/Guardian of _____
(participant's name), I give my consent and approval for my participant to participate in Imagine! School Age Services.

Name of Parent/Guardian: _____

Parent/Guardian signature: _____

Date: _____

FIELD TRIP RELEASE

The Imagine! After School Program, School Closure Days, and Summer Camp are community based and will attend planned field trips throughout the year. Imagine! School Age Services will communicate specific field trips that your child is attending when within our services. 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 attending planned field trips and that I will have to sign off on each individual planned trip.

As Parent/Guardian of _____
(participant's name), I hereby give permission for Imagine! staff to transport my child while enrolled field trips.

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 complete immunization(s) to Imagine! School Age Services.

TRANSPORTATION RELEASE

The Imagine! After School Program, School Closure Days, and Summer Camp are community based, requiring transportation to and from activities. Imagine! 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 Imagine! staff to transport my child while enrolled in the programs.

Name of Parent/Guardian: _____

Parent/Guardian signature: _____

Date: _____

Please select one:

☐ My child has permission to sit in the front seat of an Imagine! vehicle.

☐ Under no circumstances can my child sit in the front seat of an Imagine! vehicle.

EMERGENCY CARE RELEASE

Imagine! School Age Services 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, Imagine! School Age Services 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 Imagine! School Age Services 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

Imagine! School Age Services 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 Imagine! School Age Services 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 Imagine!

Under no circumstances may my child use Imagine!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 Imagine! 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

Imagine! School Age Services 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 Imagine! School Age Services 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 Imagine! School Age Services.

Under no circumstances may my child use Imagine! School Age Services 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 Imagine! 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 Imagine! School Age Services policy with our After School & Summer Camp programs is 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. Imagine! School Age Service 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 Imagine! School Age Services. 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 Imagine! School Age Services 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 Imagine! Children's Service Handbook.

MEDICATION ADMINISTRATION (CONTINUED)

Name of Participant: _____

Parent/Guardian of _____ (participant's name), I hereby give permission for an Imagine! 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: _____