Cru17 Childcare (ages 6 wks. – entering fifth grade)
Required Forms

Instructions:

- Fill out appropriate forms included in this document for **each** child.
- Bring printed forms and other requested documents with you to on-site registration.
- Please do not send the forms to Cru headquarters in Orlando.

Forms included in this document:

- **Medical History**
- **Nursery Questionnaire**
  - Only applicable to 2½ years old or younger
- **Emergency Information and Authorization and Consent to Treat Minor**
  - Local address – use your CSU address (include apartment complex, dorm or hotel name)
- **Authorization for Participation, Pick-Up, Field Trips**
  - We cannot allow anyone but the parent/guardian and those you put on this form to pick up your child.
  - Children may not sign themselves in or out. (Exceptions are made for bikers with release form.)
- **Sunscreen Authorization Form**
- **Photo/Video Permission**

The following forms must be completed in advance and signed by a healthcare provider.

- **Child's Health Report** (completed by physician, PA or nurse practitioner with prescriptive authority)
- **A copy of your child's official immunization record**
- **Permission to Administer Medication in Childcare**
  - Required if any medication (prescription or OTC) must be given during childcare.
- **Healthcare Action Plan**
  - If your child has special healthcare needs (including but not limited to seizures, heart problems, physical disabilities, diabetes, asthma and severe allergies) **you must** provide a healthcare plan that both you and your healthcare provider have signed, outlining action steps and authorizing medical interventions. Contact Cru17.Childcare@cru.org if sample template is needed.

Parents: Please submit these forms to the childcare staff at registration.
Do not send forms to Orlando.

MEDICAL HISTORY

Please help us give your child the best possible care by completing the following brief history:

Child's Name _____ **Age** _____ **Grade (fall 2017)** _____

If any of the following conditions apply to your child, please indicate and explain below if needed:

☐ Food Allergies: _____

☐ Food Intolerances: _____

☐ Chronic Health Conditions: _____

☐ Medication(s) your child is taking regularly: _____

☐ Immunizations up to date per Colorado state requirements

See registration web site for links to immunization requirements.

For admission to the program, state law requires you to provide a copy of your child's current, official, immunization record or a signed exemption form. If you choose not to immunize your child, please complete the Colorado immunization exemption form at registration.

In order to provide the best possible care for your child, please let us know if any of the following applies to your child:

☐ Developmental delay
☐ 504
☐ Individualized Education Plan (IEP)
☐ Behavior Intervention Plan (BIP)
☐ Individualized Family Service Plan (IFSP)
☐ Special medical or health issue requiring extra assistance or time
☐ Any additional information you want to tell us about your child:

PLEASE tell us if your child has come from a hard place (via foster care, adoption or other trauma). We want to connect with your child so he/she can trust us and feel safe with us. Help us know his/her triggers so we can provide excellent care and avert any situation that might result in your child being removed from the program**.**

IF you checked any of the above please provide a copy of each document and complete this form: (VIP Special Needs form)

Notify Cru17.Childcare@cru.org in advance to discuss if your child may require one-to-one help. We hire our buddies months before the program begins and need to know how many we'll need.

NURSERY QUESTIONNAIRE

For infants and toddlers younger than 2½ yrs. only
Make sure information is current when child arrives at Kids Care.

_____ _____ _____ / _____ / _____
Child's Name **Age** **Date of Birth**

1. Parents' names: _____
2. Does his/her bottle contain a special formula? _____
3. How often should he/she be fed? _____
4. What and how much does he/she normally eat for lunch? _____
5. Naptimes: _____
    a. At what time(s) and for how long? _____
    b. Do you have a special naptime procedure? _____
    c. What is his/her favorite sleeping position? _____
    (Infants less than one year of age will be placed on their back for sleep.)
    d. What comfort measures do you use when your child is fussy? _____
6. Is he/she teething? _____ How do you handle his/her discomfort? _____
    Medicated teething gel or teething tablets require a doctor's order & parent permission
7. About how many times a day does your child wet his/her diaper? _____
8. About how many times a day does your child have bowel movements? _____
9. What ointments or lotions do you use when changing him/her? _____
    If non-prescription ointment or lotion is to be applied, please sign authorization form at the school.
10. How much of the time do you usually hold him/her? _____
11. What is your usual form of discipline? _____
12. Is there anything else you would like us to know?

EMERGENCY INFORMATION

Child's Name (Legal)**:** _____ **DOB:** _____ **Age** _____ **Grade (fall 2017):** _____

Preferred Name (if applicable)**:** _____ **Attending** (Check weeks): ☐1 ☐2 ☐3 ☐4 ☐Cru17

Mom & Dad (Names)**:** _____

Local Address _____
Include Apartment Complex/Dorm Name

Cell Phone: Mom: _____ Dad: _____

Ministry: _____ Region (Campus Ministry) _____

Permanent Address: _____

AUTHORIZATION AND CONSENT TO TREAT MINOR

NAME OF CHILD _____ **DOB** _____
The undersigned do hereby authorize any individual officially designated as Childcare Director of Campus Crusade for Christ, Inc., or such substitute as the Childcare Director may designate as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical, dental diagnosis or treatment and hospital care for the above named minor(s), which diagnosis or treatment is deemed advisable by and to be rendered under the general or special supervision of any physician licensed under the provisions of the Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at the hospital or elsewhere.

RELEASE OF LIABILITY IN FAVOR OF CAMPUS CRUSADE FOR CHRIST INC.

Further, the undersigned agree that Campus Crusade for Christ, Inc., or any subdivision thereof, shall be held harmless from any liability for damages to person or property to the minor named herein arising from or as a consequence of any involvement or participation by said minor in a program or activity of Campus Crusade for Christ, Inc., or any subdivision thereof.

DURATION OF THIS AUTHORIZATION AND RELEASE

This authorization, consent, and waiver of liability will remain effective, unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

➢ _____ _____ _____
Parent/Guardian (print name) (Signature of Parent/Guardian) (Date)

_____
(email address)

(This form to be retained by Campus Crusade for Christ, Inc.)

AUTHORIZATION: Pick-Up, Participation in Field Trips

Child's Name: _____ DOB: _____ Age ____ Grade (fall 2017): _____

1. I certify that my child is in adequate health to participate in childcare activities, without reservation and without restriction. Please list restrictions, if any: _____
2. I am aware that **Cru Kids Care** and **Cru Kids Camp** may include non-immunized children.
3. I have read and agree to the center's policies and procedures.

_____ _____

Signature of Parent/Guardian **Date**

MEDICAL/DROP-OFF/ PICK-UP AUTHORIZATION

Other adults (here, locally) you authorize us to call and allow to assume responsibility (including medical decisions and pick up) for the child when you cannot be reached in an emergency. Please provide at least one contact:

Name:	**Name:**
CSU Address:	**CSU Address:**
Phone:	**Phone:**

Additional persons authorized only to Drop off/Pick up your child:

Name:	**Name:**
CSU Address:	**CSU Address:**
Phone:	**Phone:**

_____ _____

Signature of Parent/Guardian **Date**

Please list additional names on a separate sheet as needed.

FIELD TRIP AUTHORIZATION FOR KIDS CAMP

I give permission for my school-aged child, _____, to participate in all trips away from the childcare facility while enrolled at Kids Camp.

_____ _____

Signature of Parent/Guardian **Date**

SUNSCREEN AUTHORIZATION FORM

Please read and sign the following sunscreen policy (for children 6 months and older):

According to state regulations we must have written permission and instructions in order to have your child or us apply sunscreen to your child's exposed skin prior to outside play. Due to the high risk for sunburn at this altitude, it is important that your child is protected.

It is preferred that you apply sunscreen to your child before bringing him/her to childcare. For children that spend more time outdoors or in water activities, you may want to send their own bottle of sunscreen to Kids Care/Camp for reapplication. The bottle should have the child's first and last name and classroom clearly labeled.

In order for your child to use sunscreen at our facility, please complete and sign the following:

Child's Name: _____ **Age:** _____ **Grade:** _____

	Yes	**No**	**N/A**
My child will apply the sunscreen to himself. (4 years and older)	☐	☐	☐
My child may be assisted by a childcare worker in applying sunscreen only to exposed areas of skin according to the bottle's instructions.	☐	☐	☐
If necessary, the Kids Care/Camp sunscreen may be applied by staff according to the above regulations. This will include, based on availability, any of the following brands (with a minimum of 30 SPF): Banana Boat, Coppertone, Hawaiian Tropic, Ocean Potion, No-Ad, Equate, Neutrogena, Aveeno	☐	☐	☐

_____ _____

Parent Signature **Date**

PHOTO/VIDEO RELEASE

I agree that by registering my child to attend Colorado Kids Care and Kids Camp I grant its staff permission to record photographs and/or videos of my or my child's participation.

I further agree that any or all of the material photographed may be used, in any form, as part of any Cru venues (on-site or digital) during the summer of Cru17 or to promote future Cru events.

I understand the photos and videos **will not** be posted to public social media.

_____ _____

Parent's Name (printed) Parent's Signature

_____

Child's name (printed)

_____

Date

I serve in a sensitive area or for another reason do not want my child photographed and agree to have my child discretely labeled for "no photos."

_____ _____

Parent's Name (printed) Parent's Signature

_____

Child's name (printed)

_____

Date

CHILD'S HEALTH REPORT

My child, _____ born_____ / _____ / _____ is preparing to enter Cru childcare. This daycare center provides a program which extends from 8:00 a.m. until 4:00 p.m. five days a week. The daily activities include vigorous outdoor play. The schedule includes morning and afternoon snacks, a noon meal and age-appropriate activities. I hereby authorize release of medical information in this report to the above named childcare program.

Signature of parent: _____ Date: _____

Healthcare Provider Report (to be completed by physician, PA or nurse practitioner with prescriptive authority)

The above named child

☐ **IS** ☐ **IS NOT** physically/emotionally able to participate in the childcare program described.

Comments: _____

☐ **IS** ☐ **IS NOT up to date on immunizations.**

Comments: _____

List physical conditions or other special needs requiring special attention in the daycare center.

Allergies: _____ **Reactions:** _____

Special Diet: _____

Medications: _____

Developmental concerns: (Please provide information and special instructions on a separate page if needed.)

Other: _____

(Note: Please fill out the Permission to Administer Medication in Childcare form **for each prescription** or over-the-counter medication, unless authorized by the healthcare action plan. This is **required** for administration at childcare.

A healthcare plan outlining action steps and authorizing medical interventions, signed by parent and healthcare provider, must be provided if child has special healthcare needs and/or developmental concerns (including but not limited to seizures, heart problems, physical disabilities, diabetes, asthma and severe allergies).

_____ _____ _____

Healthcare Provider Signature (not just a stamp) **Print Name** **Date**

_____ _____

Address **Phone #**

_____ _____

City/State **Zip** **FAX #**

PERMISSION TO ADMINISTER MEDICATION IN CHILDCARE

(One Form for Each Medication)

To be completed by the child's healthcare provider with prescriptive authority

Child: _____ Birth date: _____

Medication: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Possible side effects: _____

Special Instructions: _____

Start date: _____ End date: _____

_____ _____ _____
(Signature of Person with Prescriptive Authority) Phone # Date

_____ _____
(Printed name of Person with prescriptive authority) Address

_____ _____
City / State Zip Code

To be completed by parent or guardian

I hereby give my permission for _____ to be given the
(child's name)
above medication in childcare, as ordered by the healthcare provider. I understand that it is my responsibility to furnish this medication.

_____ _____
(Signature of Parent/Guardian) (Date)

Prescription medications must come in a container labeled with the child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, licensed healthcare provider's name, pharmacy name & phone number.

Over-the-counter medications (including homeopathic substances) must be in the original container labeled with the child's name. Dosage must match the signed healthcare provider authorization.