

**CHAMPAIGN PARK DISTRICT  
2018/2019 YOUTH PROGRAMS**



**CHAMPAIGN  
PARK DISTRICT**

**PARENT AND  
PARTICIPANT HANDBOOK**

Champaign Park District  
2307 Sangamon Drive  
Champaign IL 61821-4112

217-398-2550  
[champaignparks.com](http://champaignparks.com)

## WELCOME

### Champaign Park District Youth Programs

We're looking forward to an exciting program filled with opportunities for fun, learning, and growth. This manual applies to all Champaign Park District youth programs and should enable you to become more familiar with our policies and procedures. Please read through this manual and keep it for your future reference.

The Champaign Park District offers a wide variety of programs throughout the year. These programs include sports, arts, games, cooking, swimming, field trips, and much more. More information about specific programs can be found online and in our Program Guide, which is released three times per year. If you know someone who would like access to the Program Guide, they can download it at [champaignparks.com](http://champaignparks.com) or call the Leonhard Recreation Center at 217-398-2550 for more information.

We will be very happy to answer any questions you may have. If you have any questions, please contact:

#### **Leonhard Recreation Center**

Shannon Meissner, Program Coordinator  
Leonhard Recreation Center  
2307 Sangamon Drive  
Champaign IL 61821  
217-398-2550

#### **Douglass Community Center**

Brittney Washington, Program Coordinator  
Douglass Community Center  
512 East Grove Street  
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## REGISTRATION

Everyone is required to preregister for each program. Registration forms are available anywhere you can register for Champaign Park District programs (Leonhard Recreation Center, Springer Cultural Center, Tennis Center, Hays Recreation Center, and Douglass Community Center). You can also register for programs at [champaignparks.com](http://champaignparks.com).

Every parent/guardian needs to make sure they have completed the registration form and signed the waiver on the back of the registration form. Please list another person staff can contact during program hours in case of an emergency if the primary person cannot be located. The registration form must be filled out completely. The forms can then be dropped off anywhere you can register for Champaign Park District programs (Leonhard Recreation Center, Springer Cultural Center, Tennis Center, Hays Recreation Center, and Douglass Community Center).

## WAITLIST

If the program is full, additional registrations will go on a waitlist. If a space opens up in the program, participants on the waitlist will be contacted to see if they are still interested in attending. Generally, participants are taken off the waitlist and added to the program on a first-come basis.

## PARENT NOTIFICATION

The Champaign Park District is not licensed or regulated by DCFS. The Champaign Park District runs background checks on all staff, provides staff trainings, and complies with all CCRS mandated Child Development Trainings including the mandated reporter training through DCFS. The Champaign Park District complies with an intensive risk management program. We are audited regularly by PDRMA, a risk management agency. Staff at the district are current in CPR/First Aid Certifications provided by certified trainers. The district complies with the Illinois Department of Public Health, Fire Safety Standards of the Illinois State Fire Marshal and the health and safety standards of Illinois State Board of Education.

## MAINTAINING CHILDREN'S RECORDS

We require updated children's forms at the beginning of our programs. The children's personal records are maintained by the supervisor of our programs. The personal records are kept in a locked office space during the duration of the program. The forms are dated and stored at our main facility and shredded after 7 years.

## INFORMATION UPDATES

If at any time the participant or parent/guardian's telephone number, address, or other pertinent information changes, please notify the program director or the appropriate staff person listed on page 2.

## INCLUSION REQUEST PROCEDURE

**If an ADA accommodation is needed to support an individual within any Champaign Park District program, a box should be marked at time of registration.** An accommodation can be made for any individual based on their IEP goals and/or diagnosis. Some of the supports available can be, but are not limited, to a 1:1 aide, sign language interpreter, rule modification or supply adaptation. If this box is missed, the parents can contact the Program Coordinator as soon as possible. They will in turn contact Champaign – Urbana Special Recreation (CUSR) and a review of the request will occur. **An accommodation can take up to 48 hours.**

## ENVIRONMENTAL/MEDICAL ACCOMMODATION REQUIREMENTS & PROCEDURES

Special accommodations include conditions that require emergency medications. This can include, but is not limited to, Diabetes or severe allergies of which these conditions require insulin or an Epi-pen. The Champaign Park District must be notified in advance of any conditions that can affect an individual and the proper medical protocols must be followed as explained in this handbook. If the request along with all needed documentation is not presented to the Park District in a timely manner, participation within the program can be delayed or denied.

Submit a completed Permission to Dispense Medication waiver as well as a medical plan on physician letterhead from the current calendar year. The Champaign Park District will review and seek any clarification as needed to ensure the accommodation is met. Timeliness of all the information is important to ensure participation. Any medical plan submitted the first day of the program will be reviewed immediately by staff to determine participation. Parents will not be allowed to leave children at the program until approval is granted and plans for the accommodation are in place.

## **NON-ACCEPTANCE/DISMISSAL**

A participant may not be accepted into the program if:

1. Parent/guardian or self-guardian participant fails to return or fully complete the registration form.
2. Payment is not made by the start of the program session. Future registration will not be allowed until payment is made.
3. Behavior of the participant is harmful to self or others according to our behavior policy.
4. Parent/guardian fails to submit accommodation requirements.
5. Habitual tardiness in pick-up is grounds for dismissal from the program.

## **PAYMENT**

1. The balance for each session is due on the 20th of the month prior to the session beginning. If payment is not received by the time stated, your child will be dropped from the program.
2. Cash, check, money order, Visa, and MasterCard are accepted for payment of all programs at designated sites. If paying by check, please have your driver's license number on the check.
3. There will be a \$25.00 charge for all NSF checks. If checks are returned, payment will need to be in the form of cash or money order.
4. For residents of Champaign who are unable to participate in recreation programs due to economic hardship, the Champaign Park District offers scholarships to reduce certain fees and charges. Scholarship applications are not guaranteed and are based on available funds and program registration. Please apply 3 to 4 weeks before the program's start date. Applications are available at the Leonhard Recreation Center, Springer Cultural Center, Tennis Center, Hays Recreation Center and the Douglass Community Center, or online and can be mailed upon request. Need is the primary criteria upon which scholarship applicants are considered. Scholarships will not be granted for transportation and certain programs designated in program guide.
5. Although we strive to make any Champaign Park District program affordable, we understand that it may be difficult to pay all costs up front. Because of this, we require at least a **\$10 non-refundable deposit per child**, per session to hold a spot. The balance is due on the 20th of the month prior to the session beginning. See payment schedule online at [champaignparks.com](http://champaignparks.com) or in parent handbook. Participants will be dropped at this time and space offered to waiting list participants. Registration during the two weeks prior to a program session will require full payment at registration.

## **CANCELLATION/REFUND POLICY**

Refunds of fees paid minus the required deposit (per child/per session) will only be given through seven (7) days before the start of the session unless otherwise noted.

## **LATE PICK-UP**

In order to be fair to our participants and staff, the Champaign Park District has enacted a late pick-up policy. *Each time a participant is not picked by designated ending time, a \$1.00 per minute/per child fee will be charged.* Registration for other programs will not be accepted until all outstanding late fees are paid. The late fee is due within three days. Payments can be made in person at the program site or by mail to the Bresnan Meeting Center. Failure to pay late pick-up fees could result in your child's suspension from the program. *Note: The Park District shall make every reasonable effort to contact persons authorized by you to pick up your child. If we are unable to arrange pick-up within 30 minutes, we will request the assistance of the Champaign Police Department.*

## MEDICATION

Some participants may need to be given medication during the program. In order for the Champaign Park District to be able to dispense medication, these guidelines must be followed:

1. Parent/guardian must sign the *Permission to Dispense Medication and Waiver and Release of All Claims* form specifying:
  - a. Type of medication
  - b. Time medication should be administered
  - c. Specific instructions
2. Only prescription medications in original containers with the doctor's name and the dosage on the label will be accepted.
3. Send the daily designated amount that will be dispensed by staff. A log will be kept of the medication as it is dispensed. Champaign Park District staff will secure all medicine.

*If participant is self-medicating, staff must be notified of this so they are aware in case of an emergency.*

*Refer to page 12 for more information on staff medication dispensing procedures.*

## CLOTHING

All participants should dress appropriately for the weather and the activities scheduled for their program. All participants should wear closed-toed shoes. Please bring an extra set of clothes in case of accidents that may occur during the course of each program. If specific clothing or equipment is needed for the program, the listed participant/guardian will be notified.

## PERSONAL NEED ITEMS

Any additional personal need items should be labeled and provided daily when necessary (bug spray, money, sanitary pads, special needs items, etc.).

## FOOD / MEALS

Youth programs provide snacks for all participants.

**Nut-Free** – In order to keep our programs safe and enjoyable for all the participants, the Park District is enforcing a **Nut-Free Program**. You may ask: "What does that mean to me"? **NO PARTICIPANT** is allowed to have any food items that contain directly or indirectly peanuts, peanut product or other tree nuts. This means there is no food sharing at lunch or snack time. There is also no bringing in of any food items to share; for example: cupcakes for a birthday celebration. At snack, all Participants will be expected to wash their hands before going back to activities. Program Directors and Leaders will ensure that all food activities are free of any nut or nut product.

## SAFETY

Personnel at all levels are directed to make safety a matter of continuing and mutual concern, equal in importance with all other operational considerations. Each staff member is to ensure that work is done in a safe manner, inspections are conducted on a regular basis, hazards are confronted, and accidents are investigated. Designated staff members are trained in general first aid and certified in CPR.

## ACCIDENTS

If a participant has an accident serious enough to require professional medical attention, Champaign Park District staff will contact the parent(s)/guardian(s). If the parent(s)/guardian(s) cannot be reached, the designated emergency resources listed on the registration form will be called. If it is necessary for the participant to go to the hospital, the parent(s) may transport the participant or an ambulance will be called at parent/guardian expense. In very severe circumstances, 911 will be called and parent(s)/guardian(s) notified after the call. If staff is unable to reach any adult responsible for the participant or if time is critical, an ambulance will be called and the participant will be taken to the hospital. A staff member will accompany the participant to the hospital. Champaign Park District staff will continue to try contacting the parent(s)/guardian(s).

## **INJURY AND FIRST-AID**

Should an injury occur at a program site:

1. Depending on the severity (abrasions, cuts, etc.), first-aid will be provided by staff. This must be completed before the participant can return to the program.
2. If the injury is severe, paramedics will be immediately notified and staff will take the necessary precautions and address the medical situations as needed.
3. If blood is visible on any part of the participant's clothing, that part of the clothing must be removed and replaced with clean clothing. A participant will not be allowed to return to the program with blood on his/her clothes. You will be asked to bring clean clothes or pick them up. Staff will take extra precautions to minimize the spread of germs. Proper hand-washing techniques will be used when dealing with any bodily fluid (saliva, mucus membranes, urine, etc.).

## **PARTICIPANT ILLNESS**

Do not send your participant to his/her program if he/she is sick or has been exposed to a communicable disease. If a participant becomes ill, staff will use their best judgement and attempt to isolate the participant from the rest of the participants. Attempts to notify the parent(s)/ guardian(s) will be made by Champaign Park District staff. If parent(s)/guardian(s) are unreachable, the emergency resources listed on the registration form will be called. Participants will be sent home for, but not limited to, the following:

- Chickenpox
- Conjunctivitis (pink eye)
- Diarrhea
- Fever
- Head lice (see Policy on Head Lice on page 11)
- Scabies
- Hepatitis A virus
- Mouth sores with inability to control saliva
- Mumps
- Ringworm
- Skin rash
- Sore throat due to strep (streptococcal pharyngitis)
- Tuberculosis
- Vomiting
- Whooping cough (pertussis)

The Champaign Park District follows the recommendations and guidelines of the Public Health Department. Kids that are sent home for a illness may be asked to supply a doctor's note or a medical release form on official letterhead before returning to the program.

## **INCLEMENT WEATHER PLAN**

Programs may be cancelled due to inclement weather or unusable facilities. Staff will contact participants in advance whenever possible. If the program gets cancelled after it has begun, the parent or guardian will be contacted to inform them where to pick up the participant.

## **LIGHTNING AND THUNDER GUIDELINES**

If lightning is seen or thunder is heard, outdoor activities shall be suspended for 30 minutes. Employees and participants are required to seek shelter. All activities will stay suspended until 30 minutes after the last flash of lightning or sound of thunder.

## **TORNADO AND SEVERE THUNDERSTORM PLAN**

The site disaster plan will be followed.

## **TEMPERATURE GUIDELINES**

In the event of extreme heat, programs will be restructured appropriately to protect participants from temperature conditions.

**YOUTH CONDUCT REPORT GUIDELINES**  
**(Guidelines may not pertain to sports programming)**

- Directors and Supervisors should be immediately notified for all third degree behaviors; then the immediate contact with the participant’s parent/guardian to inform them of their child’s behavior.
- Each participant will face the consequences upon their behaviors. However, each individual behavior will be addressed on a case-by-case basis with consideration of individual disabilities, medical issues, safety of participants and/or staff, disruption to the program and other such pragmatic considerations.
- Management reserves the right to supersede all degree levels and respond correctly based on severity of conduct.
- LEADERS, if unsure the severity of an action please consult the Director and/or Assistant Director or Supervisor to correctly handle the situation.

<b>FIRST DEGREE</b>	<p><i>Actions taken in response to first degree behaviors are primarily the responsibility of the leaders. Leaders are to complete Conduct Report and turn into Director/Supervisor that day.</i></p> <p>Consequence: “Internal” Ex: Short period of activity exclusion (time out)</p> <ul style="list-style-type: none"> <li>• “Cooling off”</li> <li>• Given a chore to help leaders</li> </ul> <p><i>*When participants reach (2) first offense reports, the Director and/or Assistant Directors will notify/speak with the parent/guardian of the participant.</i></p>	<p><b>First Degree Behaviors may include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Purposely distracting the group (not listening/behaving)</li> <li>• Inappropriate language/remarks</li> <li>• Pushing and/or shoving (minor)</li> <li>• Refusal to follow instruction</li> <li>• “Talking back”</li> </ul>
<b>SECOND DEGREE</b>	<p><i>Actions taken in response to second degree behaviors are the responsibility of the Leader to report the action and the Director/Assistant Directors or Supervisor to speak with the parents/guardians.</i></p> <ul style="list-style-type: none"> <li>• Fill out Conduct Report</li> <li>• Inform Director/Assist Directors or Supervisor</li> <li>• Director/Assistant Director will call and notify parents.</li> </ul> <p>Consequence: includes consequence of First Degree, but parents are always informed.</p>	<p><b>Second Degree Behaviors may include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Persistent first degree behaviors (listening, following instruction, etc.)</li> <li>• Fighting, “provoking”, spitting</li> <li>• Bullying or acts of aggression and violence</li> <li>• Excessive inappropriate language or remarks directed to other participants/ leaders</li> <li>• Running off/ leaving the group</li> <li>• Intimidation/threats to other participants</li> <li>• Inappropriate physical contact (pushing, tripping, etc.)</li> <li>• Direct/blatant disrespect to leaders</li> </ul>
<b>THIRD DEGREE</b>	<p><i>Actions taken in response to third degree behaviors are at the immediate responsibility of Director/Supervisor. Coordinator/Manager will also be involved in actions.</i></p> <ul style="list-style-type: none"> <li>• Remove participant from group &amp; bring to Director and/or Assistant Directors.</li> <li>• Complete Conduct Report.</li> <li>• Director will call and inform parents to come pick up their participants</li> </ul> <p>Consequence: Participant will be suspended for the day <i>*Repeated Third Degree reports to lead to multiple day suspensions</i></p>	<p><b>Third Degree Behaviors may include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Severe or repeated physical aggression</li> <li>• Physical contact to the face and/or neck</li> <li>• Abuse and/or harassment: verbal, physical, sexual, and emotional</li> <li>• Sexual misconduct</li> <li>• Destruction of property</li> <li>• Endangerment of themselves, other participants, staff or volunteers</li> </ul>



## **FIRE PLAN**

1. All persons will be led from the facilities according to the site fire plan.
2. All groups will meet at a secure location a safe distance away from the building and attendance will be taken.
3. The fire department will be called.
4. Parent(s)/guardian(s) will be called.

## **SUSPECTED ABUSE OR NEGLECT**

The Illinois Abused and Neglected Child Reporting Act mandates any Champaign Park District staff having reasonable cause to believe that a child, known to them in their professional capacity, might be abused or neglected, shall immediately report the matter to their supervisor and the Department of Child and Family Services (DCFS).

## **PHOTOGRAPHS**

The Park District/CUSR occasionally takes photographs or video of participants for promoting/advertising our programs, services, events, activities, and facilities in our brochures, website or agency social media, and other promotional avenues. By registering for, participating in or attending Park District/CUSR programs, events, or other activities, the participant (or parent/guardian of a minor participant) irrevocably agrees to the use and distribution by the Park District/CUSR of his or her image (or of his minor child/ward) in photographs, video recordings, and any other electronic reproductions of such programs, events and activities for any purpose without inspection or approval and without compensation, rights to royalties or any other consideration now and in the future.

## **BEHAVIOR CODE OF CONDUCT**

All participants are expected to exhibit appropriate behavior at all times while participating, spectating, or attending any program or activity sponsored by the Champaign Park District. This includes participation in programs that may or may not require an admission fee, such as spectating at athletic events, concerts, or attending special events. The following guidelines are designed to provide safe and enjoyable activities for all participants. Additional Codes of Conduct may apply for particular programs such as day camps, athletic leagues, and aquatic facilities.

Participants and Parent/Guardian shall:

1. Show respect to all participants, spectators, and staff. Will also show respect for program rules and equipment.
2. Take direction from Champaign Park District staff.
3. Refrain from using abusive or foul language.
4. Refrain from causing bodily harm to self, other participants, spectators, or Champaign Park District staff.
5. Refrain from damaging equipment, supplies, and facilities.

Guidelines are utilized consistently by staff for recommendations on proper discipline to poor conduct. A copy of the *Conduct Report Guidelines* is attached to this handbook.

If there is need for an ADA accommodation please see "Inclusion Request Procedure" information on page 4 of this handbook.

## **POLICY ON BEHAVIOR MANAGEMENT**

**In order to provide a safe and enjoyable experience for all participant, Champaign Park District has developed a set of expectations for all participants. All participants will be treated fairly based on individual aptitude. Behavior guidelines are as follows:**

1. No participant will endanger him/herself or other participants or staff.
2. Participants will use respectful, appropriate language towards staff and other participants.
3. All participants will respect their leaders, program rules, other participants and equipment.
4. All participants will keep their hands, feet and objects to themselves.

Consequences for inappropriate behavior are:

1. *First Offense:* Participant will be removed from the group activity, receive a verbal warning that the exhibited behavior is inappropriate, receive reinforcement of appropriate behavior. Participant may or may not return to the group, dependent upon severity of offense. Parent/Guardian will be notified at pickup.
2. *Second Offense:* Participant will be removed from the group activity, receive a second verbal warning that the exhibited behavior is inappropriate, receive reinforcement of appropriate behavior. After being removed from the group, parents will also be notified and asked to pick their participant up within 30 minutes of the incident. Parent/guardian will be notified

at pickup that a second offense has occurred, reminded of the ramifications of a third offense.

3. *Third Offense:* The participant's parent/guardian will be called for immediate pickup, and the participant will be suspended from program for up to 5 days, without refund. When the participant is picked up, the Director and Program Supervisor will meet with the parent/guardian, discuss the incident and consequence, and revisit the ramifications of a fourth offense. (\*If participant is not picked up/signed out within 30 minutes of the parent/guardian being contacted, the participant will be released into the custody of the Champaign Police Department.)
4. *Fourth Offense:* The participant's parent/guardian will be called for immediate pickup, and the participant will be suspended from that program temporarily but indefinitely suspended, without a refund for that particular session. If the participant is registered for any subsequent programs, the parent/guardian will be refunded their deposit/fees for those programs and the participant will not be allowed to participate in any program with the Champaign Park District. When the participant is picked up, the Director and Program Supervisor will meet with the parent/guardian, discuss the incident and discuss the temporarily but indefinitely suspension. Participants with Inclusion Services will also meet with the Inclusion Coordinator at Champaign-Urbana Special Recreation. (\*If participant is not picked up and signed out within 30 minutes of the parent/guardian being contacted, the participant will be released into the custody of the Champaign Police Department.)

***Please note:*** *In cases of inappropriate behavior deemed extreme by staff, participants may be suspended or dropped from the program immediately, regardless of the number of previous offenses.*

## **FIELD TRIP/OUTING WAIVER & RELEASE**

The Champaign Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Champaign Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the (identify field trip/outing) must recognize that there is an inherent risk of injury arising out of this activity.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment to consult a physician before undertaking any physical activity.

### **WARNING OF RISK**

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that depending upon the particular activity, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, inadequate supervision or instruction, premises defects, carelessness, horseplay, vehicle accidents and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Champaign Park District to guarantee absolute safety.

### **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing-up and participating in this field trip/outing, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with field trip/outing, including transportation services and vehicle operations when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in field trip/outing, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in (field trip/outing) against the Champaign Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Champaign Park District").

I do hereby fully release and forever discharge the Champaign Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with (field trip/outing).

**By initialing the Permissions Form, I agree that I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.**

## **POLICY ON APPLYING SUNBLOCK**

1. Any parent or guardian who wishes to have sunblock applied to their child must initial the *Permission to Apply Sunblock* portion of the Permissions Form. Staff will not apply sunblock to those children whose parents have not completed and returned the *Permission to Apply Sunblock* form.
2. All sunblock to be applied must be waterproof sunblock that is SPF 30 or above.
3. Parents are responsible for providing sunblock. Bottles should be labeled with the child's first and last name. Sunblock will only be applied to the child whose name appears on the bottle.
4. Sunblock will be applied in the presence of other staff and participants prior to departure to the pool or field trip.
5. Staff will only apply sunblock to a participant's face, back and arms.
6. Upon completion of application, the bottle of sunblock will be returned to the child. The Champaign Park District will not be responsible for lost bottles of sunblock.

## **PERMISSION TO WATCH MOVIES**

Your child will have the opportunity to watch movies. The Champaign Park District requires permission for your child to watch movies of different ratings. Please check the boxes that best describe which movies you will allow your child to watch and write any restrictions in the space provided. Electronics-free programs will only be shown movies when traveling and/or possible theater field trips.

By initialing the Permissions Form, I will allow my child to watch movies with the ratings indicated.

**Please note:** PG-13 and R-Rated movies will not be shown.

## **POLICY ON PARTICIPANT SIGN-IN AND RELEASE WITHOUT SUPERVISION**

For the safety and welfare of the child under the supervision of the staff at the Champaign Park District, the following policy shall be generally adhered to:

“A child who leaves the premises of the site of the Champaign Park District Youth Program must be released to an adult, member of the family, or some other person whom the parent or guardian has so indicated.”

An exception to the above policy can be made with written notice from a parent or guardian. If you wish for your child to be signed-in or released on a regular basis without supervision, please complete the Permissions Form.

By initialing the Permissions Form, I agree that if it is inclement weather, I will be at the site by 6:00 p.m. to pick up my child. I agree that the Champaign Park District will assume responsibility once the participant has signed themselves in. I agree that once my child has left the premises and/or the care and supervision of Champaign Park District staff, the Champaign Park District and its employees are not responsible or liable for the safety and welfare of my child nor any action of his/hers which may occur before he/she arrives and/or after the time he/she leaves, and I hereby release the Champaign Park District and its employees and all claims for injuries to my child and damage arising there from.

## **POLICY ON HEAD LICE (Refer to page 7 of 15)**

1. Proof of purchase of shampoo for first treatment
2. Doctor's note to return
3. Proof of purchase of shampoo for second treatment

## PROCEDURES FOR DISPENSING MEDICATION

### The parent/guardian *must*:

1. Complete the *Permission to Dispense Medication Waiver and Release of All Claims* form.
2. Deliver all medication to designated staff member in the original prescription bottle which includes the participant's name, medication, dosage, and time of day medication is to be given.
3. Changes in medication must be submitted to the Champaign Park District in writing, including specific instructions for medication.

I understand that it is my responsibility to give the medication directly to Champaign Park District Program staff with full instructions in original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another *Permission to Dispense Medication/Waiver and Release of All Claims* form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Champaign Park District of any changes in the dispensing of medication.

### Champaign Park District program staff *must*:

1. Ensure that the *Permission to Dispense Medication Waiver and Release of All Claims* form is fully completed and signed by the parent/guardian prior to the dispensing of any medication.
2. Ensure that medication is delivered only to authorized Champaign Park District staff (e.g., Director). **Send only the designated amount that will be dispensed by staff. A log will be kept of the medication as it is dispensed. Champaign Park District staff will secure all medicine.**
3. It is also the responsibility of the authorized Champaign Park District staff who receive medication to properly store medication in a locking cabinet or in a refrigerator as needed. *It is extremely important that stored medication be out of reach from other patrons, particularly children.*
4. Obtain copies of all waivers, internal procedures, medical information forms, and medication logs when obtaining the prescription medication to be transported to the program site. All medication stored at a program site must be secured and only available to authorized Champaign Park District program staff.
5. Directors responsible for dispensing medication must strictly follow all written instructions on the medical information form, individual dose envelopes, and any information contained on original prescription container labels. In the event that conflicting dispensing information exists, medication should not be administered until the parent, guardian, or physician are reached by phone to obtain specific instructions.
6. Unless otherwise arranged, only paid and trained Champaign Park District program staff will be allowed to dispense medication.
7. Champaign Park District program staff responsible for dispensing medication will fully complete the medication information contained on the *Medication Log* form. Medication dispensing logs should be completed until medication dispensing has ceased and completed medication logs should be turned into a designated site and kept in a permanent file for at least three years at the conclusion of the program.



**Name of Youth Program** \_\_\_\_\_

**Name of Participant** \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

School \_\_\_\_\_ 2018-19 Grade \_\_\_\_\_

**Name of Primary Guardian #1** \_\_\_\_\_ Relationship \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Employer \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Name of Primary Guardian #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Employer \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Marital Status of Parents** \_\_\_\_\_ If not married, who has custody of your child? \_\_\_\_\_

**Is there a problem with either parent visiting, talking with or picking up the child?**  YES  NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_

**In addition to the Parents/Guardians listed above, my child may be released to the following individuals (your child will not be released to anyone else unless permission is given in writing by you):**

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_ Work phone \_\_\_\_\_

Check if also an emergency contact

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_ Work phone \_\_\_\_\_

Check if also an emergency contact

**Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_ Work phone \_\_\_\_\_

Check if also an emergency contact



Please initial and sign below to agree to policies stated in this Parent & Participant Handbook.

**Initial**

- \_\_\_\_\_ Policy on Behavior Management
- \_\_\_\_\_ Field Trip/Outing Waiver & Release
- \_\_\_\_\_ Policy on Applying Sunblock
- \_\_\_\_\_ Permission to Watch Movies
  - G-Rated     PG-Rated
- Restrictions: \_\_\_\_\_

**Initial**

- \_\_\_\_\_ Policy on Participant Sign-In & Release Without Supervision *\*Please see page 11.*
- Start Date: \_\_\_\_\_
- Sign-in Time: \_\_\_\_\_
- Release Time: \_\_\_\_\_
- \_\_\_\_\_ Policy on Head Lice
- \_\_\_\_\_ Payment Information *Please see page 5.*

Parent Name Printed: \_\_\_\_\_

**X**

Signature of Parent or Guardian

Date

**MEDICAL INFORMATION**

**ADA INFORMATION:** Do you need any accommodation in accordance with the Americans and Disabilities Act, to participate or use an activity, program, or facility?

- YES     NO

Information: \_\_\_\_\_

*Please understand that untimely or late notification of an accommodation request may result in delay of participation.*

**Please check the appropriate answer to the following questions:**

**Does your child have any allergies?**     YES     NO

Please list: \_\_\_\_\_

\_\_\_\_\_

*\*Participants with life-threatening environmental allergies requiring an accommodation may be required to provide medical clearance documentation. Failure to comply may result in a delay in participation.*

**Diet restrictions?**     YES     NO

Please list: \_\_\_\_\_

\_\_\_\_\_

**Can you child participate in all activities?**     YES     NO

Please explain: \_\_\_\_\_

\_\_\_\_\_

*If Champaign Park District will be administering medication for your child, please complete the following form.*



The Champaign Park District will not dispense medication to a minor child or other participants until the *Permission to Dispense Medication Waiver and Release of All Claims* form has been completed by a parent/guardian. The Champaign Park District's internal procedures on dispensing medication are available for review.

**PERMISSION TO DISPENSE MEDICATION**

**Waiver and Release of All Claims**

I, (please print your name) \_\_\_\_\_, the Parent/Guardian of

(please print name of participant) \_\_\_\_\_

give permission to Champaign Park District program staff to administer to my child or ward the medication(s) listed below. I understand that it is my responsibility to give the medication directly to Champaign Park District Program staff with full instructions in original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another *Permission to Dispense Medication/Waiver and Release of All Claims* form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Champaign Park District of any changes in the dispensing of medication.

**Name of Medication** \_\_\_\_\_

**Dispensing and Storage Instructions** \_\_\_\_\_

**Complete Dosage Instructions** \_\_\_\_\_

**Possible Side Effects** \_\_\_\_\_

**Name of Medication** \_\_\_\_\_

**Dispensing and Storage Instructions** \_\_\_\_\_

**Complete Dosage Instructions** \_\_\_\_\_

**Possible Side Effects** \_\_\_\_\_

In all cases the prescribed dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Champaign Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Champaign Park District administering medication to my minor child, I do hereby fully release or discharge the Champaign Park District and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

**X**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date