

CHAMPAIGN PARK DISTRICT  
CULTURAL ARTS/DANCE ARTS PROGRAMS



**PARENT INFORMATION AND  
PARTICIPANT FORMS**

Champaign Park District  
301 N. Randolph St.  
Champaign IL 61820

217-398-2376  
[champaignparks.com](http://champaignparks.com)

## WELCOME

### Champaign Park District Cultural Arts/Dance Arts Programs

We're looking forward to an exciting program filled with opportunities for fun, learning, and growth. This packet applies to Champaign Park District Cultural Arts and Dance Arts 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 art, pottery, dance, special interest, youth theatre, sports, 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.

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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 the Douglass Community Center). You can also register for programs at [www.champaignparks.com](http://www.champaignparks.com).

Every parent/guardian needs to make sure they have filled out the registration form and signed the waiver on the back of the registration form. Please list another person staff can contact during rehearsals 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 the 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.

## INFORMATION UPDATES

If at any time the participant or parent/guardian's telephone number, address, or other pertinent information changes, please notify the 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 1-2 weeks.**

## 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 Cultural Arts or Dance Arts session 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. Habitual tardiness in pick-up is grounds for dismissal from the program.

## PAYMENT

1. 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.
2. 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.
3. 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.

## REFUNDS

**Programs with Monthly Billing:** Two weeks notice in writing is required, or guardians are responsible for payment for the following month. More information is given in the Dance Arts Handbook.

**All Other Programs:** Refunds will be given only through the second meeting of any program, unless otherwise noted above. There will be a \$5 service charge due to participant cancellation (per participant/per occurrence) unless otherwise noted.

**Exceptions:** If the Park District cancels a program due to minimum registration not being met, full refunds will be given. Pro-rated amounts will be refunded to participants if a class is cancelled by the Park District after it has begun. If a participant experiences a medical problem which prohibits program participation, the refund will be a prorated amount based on the number of sessions remaining in the program.

## CHECK-IN PROCEDURE

A parent/guardian is required to check-in their child before and after class. If the child does not start the session on the first day, check-in is required on the first day they do attend. Children are allowed to check themselves in before and after class/rehearsals, provided that the parent/guardian has filled out the waiver included in this packet and turned it in to the program staff before the first day of class.

## 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 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 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 labeled dosage 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 their program. Cultural Arts: no flip flops during class, but flats or tennis shoes are appropriate. Dance Arts: please refer to the Dance Arts Handbook under Dress Codes.

## **PERSONAL NEED ITEMS**

Any additional personal need items should be labeled and provided daily when necessary.

## **NUT FREE PROGRAM**

In order to keep 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 snack time. There is also no bringing in of any food items to share with the cast; for example: cupcakes for a birthday celebration. At certain times all participants will be expected to wash their hands before going back to class/rehearsals. Program staff 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 (please see page 10 of 17)
- 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 rehearsal.

## **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.

## **TORNADO AND SEVERE THUNDERSTORM PLAN**

The site disaster plan will be followed.

## **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.

- 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 behavior. 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.
- STAFF, if unsure the severity of an action please consult the Coordinator or Manager 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 instructors. Staff are to complete Conduct Report and turn into Coordinator 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 staff</li> </ul> <p><i>*When participants reach (2) first offense reports, the Coordinator/Manager 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 staff to report the action and the Director/Coordinator/Manager to speak with the parents/guardians.</i></p> <ul style="list-style-type: none"> <li>• Fill out Conduct Report</li> <li>• Inform Coordinator/Manager</li> <li>• Coordinator/Manager 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</li> <li>• Use of “F-word” directed to other cast members/staff</li> <li>• Running off/ leaving the group</li> <li>• Intimidation/threats to other cast members</li> <li>• Minor physical altercations (pushing, tripping, etc.)</li> <li>• Direct/blatant disrespect to staff</li> </ul>
<b>THIRD DEGREE</b>	<p><i>Actions taken in response to third degree behaviors are at the immediate responsibility of the instructor. Director/Coordinator/Manager will also be involved in actions.</i></p> <ul style="list-style-type: none"> <li>• Remove participant from group &amp; bring to Coordinator/Manager.</li> <li>• Complete Conduct Report.</li> <li>• Director will call and inform parents to come pick up their child.</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 other participants</li> </ul>



## 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.

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 participants, the Champaign Park District has developed a set of expectations for all participants and volunteers. 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 instructors, 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, and asked to sign “behavior report”.
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. Participant may not return to the group, and will sit out for an appropriate period of time, dependent upon severity of offense. Parent/guardian will be notified at pickup that a second offense has occurred, reminded of the ramifications of a third offense, and asked to sign “behavior report”.
3. *Third Offense:* The participant’s parent/guardian will be called for immediate pickup, and the participant will be suspended from rehearsals for up to 5 days, without refund. When the participant is picked up, the Director/Coordinator/Manager will meet with the parent/guardian, discuss the incident and consequence, and revisit the ramifications of a fourth offense. The parent/guardian will be asked to sign the “behavior report”. (\*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 youth theatre permanently, 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 at the Champaign Park District. When the participant is picked up, the Director/Coordinator/Manager will meet with the parent/guardian, discuss the incident and permanent suspension. The parent/guardian will be asked to sign the “behavior report”. (\*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.

## **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 Cultural Arts/Dance Arts Programs 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 on the first day of class/rehearsal.

By initialing the Permissions Form, I agree I will be at the site by the end of their specific class/rehearsal time 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 Cultural Arts/Dance Arts 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 expressly assume the risk and waive and release the Champaign Park District and its employees from any and all claims for injuries, damages or loss which I or my minor child/ward might sustain and arising therefrom.

### **POLICY ON HEAD LICE (Refer to page 7 of 17)**

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/Coordinator/Manager). **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. Program staff 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.



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**PARTICIPANT INFORMATION**  
Champaign Park District Cultural Arts/Dance Arts Programs

**Name of 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



### PERMISSIONS FORM

Please initial and sign below to agree to policies stated in this information & forms packet.

**Initial**

**Yes/No**

\_\_\_\_ Policy on Behavior Management

\_\_\_\_ Contact Information Complete

\_\_\_\_ Policy on Head Lice

\_\_\_\_ Allergies

\_\_\_\_ Medications

**Policy on Sign-In & Release** (*initial only one below*)

\_\_\_\_ I grant permission for my child to sign themselves in and out for each class or rehearsal they are enrolled in at Springer Cultural Center.

OR

\_\_\_\_ I, or one of my designated guardians listed, will sign my child in and out for each class or rehearsal they are enrolled in at Springer Cultural Center.

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 your 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.*



**POLICY ON DISPENSING MEDICATION**  
Champaign Park District Cultural Arts/Dance Arts Programs

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



**INSTRUCTIONS FOR DISPENSING MEDICATION**  
Champaign Park District Cultural Arts/Dance Arts Programs

THIS FORM MUST BE COMPLETED FOR EACH PROGRAM SESSION OR WHEN MEDICATION CHANGES.

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

**Name of Participant** \_\_\_\_\_ Age \_\_\_\_\_

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

**Name of Parent/Guardian** \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Name of Doctor** \_\_\_\_\_ Phone \_\_\_\_\_

**Name of Medication** \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

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

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

**Name of Medication** \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

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

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

**Name of Medication** \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

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

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

**Other Considerations** (nervousness, change in temperament, etc.) \_\_\_\_\_

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 and *Instructions for Dispensing Medication* 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.

**X** \_\_\_\_\_  
Signature of Parent or Guardian Date





**MEDICATION LOG**  
Champaign Park District

Year \_\_\_\_\_

Name of Participant \_\_\_\_\_ Program \_\_\_\_\_ Session \_\_\_\_\_

Name of Medication (only one medication per chart) \_\_\_\_\_ Dosage \_\_\_\_\_

Date																				
Time Administered																				
Staff Initials																				

Name of Participant \_\_\_\_\_ Program \_\_\_\_\_ Session \_\_\_\_\_

Name of Medication (only one medication per chart) \_\_\_\_\_ Dosage \_\_\_\_\_

Date																				
Time Administered																				
Staff Initials																				

Name of Participant \_\_\_\_\_ Program \_\_\_\_\_ Session \_\_\_\_\_

Name of Medication (only one medication per chart) \_\_\_\_\_ Dosage \_\_\_\_\_

Date																				
Time Administered																				
Staff Initials																				