DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD REGISTRATION FORM (Model)

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached 1.	Address 1.	Phone 1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) NOT Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **

3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

_____ _____

Parent(s) or Guardian(s) ***Date***

_____ _____

Administrator of Center ***Date***

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY
IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	**Birth Date**	**Birth Certificate Number**	**Date Issued**
Other Form of Proof		**Date Documentation Viewed**	**Person Viewing Documentation**

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

_____

Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding,. (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

Henrico PAL Child Release Authorization Form

I, _____, give my authorization for the individual(s) below to pick up my child, _____, from the Henrico PAL program in my absence.

Name:	Contact #:	Relationship to Child:

Parent Signature_____ Date_____

***Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up child. Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary the noncustodial parent of a student enrolled in a public school or day program center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day program activities.

Sunscreen Authorization Form

Henrico Police Athletic League has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to:

_____ (child's name).

Product Name: _____

Known Adverse Reactions (if any):

_____

_____

_____

- <u>All Sunscreen products must:</u>
    - Must have a minimum sunburn protection factor (SPF) of 15.
    - Be in the original container and labeled with child's name.
    - Be used according to manufacturer's recommendation and instructions for application.
    - Not be used beyond the expiration date.
    - Children nine years and older may self-administer sunscreen if supervised.

Parent's Signature: _____Date: _____

Henrico PAL – 2401 Hartman Street, Richmond, VA 23226 – info@henricopal.org – 804.262.4725

Medication Authorization Form

Section A: To be completed by parent/guardian - Instructions: Section A must be completed by the parent/guardian for ALL medication authorizations.

Medication authorization for: _____ (Child's name)

Henrico Police Athletic League certified staff have my permission to administer the following medication:

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

_____

This authorization is effective from: _____ until: _____

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician - Section B must be completed for any long-term medication authorizations (those lasting longer than 10 working days).

I, _____ (Name of Physician) certify that it is medically necessary for the medication(s) listed below to be administered to: _____ for a duration that exceeds 10 work days. (Child's name)

Medication(s): _____

Dosage and times to be administered: _____

Special instructions (if any): _____

_____

This authorization is effective from: _____ until: _____

(Start date) (End date)

Physician's Signature: _____ Date: _____

Physician's Phone: _____

Henrico PAL – 2401 Hartman Street, Richmond, VA 23226 – info@henricopal.org – 804.262.4725

PARENT ACKNOWLEDGEMENT

I acknowledge and affirm that I have read the entire Henrico Police Athletic League 2023-2024 Parent Handbook and will comply with its contents.

Parent Signature: _____

Print Name: _____

Print Child's Name: _____

Site Location: _____

Date: _____

Please submit signed acknowledgment form to site manager or Henrico PAL administration office located at:

Henrico Police Athletic League
2401 Hartman Street, Building B
Richmond, VA 23223

Henrico PAL – 2401 Hartman Street, Richmond, VA 23226 – info@henricopal.org – 804.262.4725

Henrico Police Athletic League

Administration of Medication

All Henrico PAL programs, including those at: Arthur Ashe, Baker, Chamberlayne, Dumbarton, and Pinchbeck have made the following decision regarding the administration of medication:

I (or my staff) will administer **only sunscreen, liquid Benadryl, EpiPen (epinephrine), and/or asthma inhalers**. Any other medication needs must be discussed with Henrico PAL and require an additional **Medical Management Plan** to be signed by parents, physician, and Henrico PAL.

The program will administer prescription medication by all routes covered in the EMAT course (liquid Benadryl, inhaler, and EpiPen to give epinephrine), as well as sunscreen.

The program will administer only the listed medications above in accordance with VDSS child day program regulations pertaining to the administration of medication in a child day program. Only a provider who has completed the appropriate training or has appropriate licensure and is listed as a medication administrator in the *Program's Decision Regarding Medication Plan* will be permitted to administer medication in the program, except for sunscreen.

I (or my staff) will have parent permission to apply to any over-the-counter sunscreen in accordance with VDSS regulations. Any over-the-counter sunscreen will be applied in accordance with the package directions for use. If the parent's instructions do not match the package directions, I (or my staff) will get health care provider instructions before applying the sunscreen. All over the counter sunscreen will be kept in its original labeled container. All child-specific sunscreen will be labeled with the child's first and last names. Sunscreen will be kept in a clean area that is inaccessible to children. Sunscreen will be stored in a lock box inaccessible to children.

All leftover or expired sunscreen will be given back to the child's parent for disposal. Sunscreen not picked up by the parent will be disposed of in a garbage container that is not accessible to children. All over-the-counter sunscreen administered to a child during program hours will be documented on a child-specific log. All observable side effects will be documented. Parents will be notified of any observed side effects by the end of the day. Parent notification will be immediate if the side effects are severe. If necessary, emergency medical services will be called.

Parents will be notified of all "as needed" over-the-counter sunscreen applied to their child and told what symptoms were observed that required the application. The program will only apply over-the-counter sunscreen which parents supply for their child.

I understand that as a provider it is my obligation to protect the children in my care from injury. Part of this obligation includes the application of sunscreen according to parent permission.

Authorized Staff to Administer Medication:

I understand that any individual listed in this section as a medication administrator is approved to administer medication using the following routes: liquid Benadryl by mouth, asthma inhaler, and EpiPen to give epinephrine.

I understand that to be approved to administer medication, other than over-the-counter sunscreen, all individuals listed in my *Program's Decision Regarding Medication* plan must have valid:

- Emergency Medication Administration Training (EMAT) certificate.
- CPR certificate which covers all ages of the children my program is approved to care for as listed on my registration/license.
- First aid certificate which covers all ages of children my program is approved to care for as listed on my registration/license.

I understand that the individuals listed in my *Program's Decision Regarding Medication* plan as medical administrators may only administer medication when the medication labels, inserts, instructions, and all related materials written in the language indicated on the EMAT certificate.

Medication Administrators:

All staff listed as medication administrators will have EMAT, first aid, and CPR certificates that cover the ages of the children in care and are at least 18 years of age. Documentation of age-appropriate first aid and CPR certificates will be kept on site and are available upon request.

Forms and Documentation Related to Medication Administration:

Medication Consent Form: My program will accept permission and instructions to administer medication on the Henrico PAL medication consent form. All medication administered to a child during program hours will be documented on the VDSS form *Log of Medication Administration*.

Application of over-the-counter sunscreen during program hours will be documented on the VDSS form *Log of Medication Administration.*

Each medication log will be attached to the child's corresponding medication consent form.

All observable side effects will be documented on the child's medication log. Parents will be notified of any observable side effects by the end of the day. Parent notification will be immediate if the side effects are severe. If necessary, emergency medical services will be called. I (or my staff) will document whenever medication is not given as scheduled. The date, time, and reason for this will be documented. Parents will be notified as soon as possible. If the failure to give medication as scheduled is a medication error, I (or my staff) will follow all policies and procedures related to medication errors. All medication consents and medication logs will be kept in a secured cabinet in the Medication logbook.

Handling Storage and Disposal of Medication:

All medication must be properly labeled with the child's first and last name and be accompanied by the necessary parent permission and, when applicable, health care provider instructions in accordance with VDSS regulations before it will be accepted from the parent or parent representative. All medication must be kept in its original labeled container. Medication must be kept in a locked place using a safe locking method that prevents access by children. Medication will be stored in a lock box inaccessible to children. All medications with a pharmacy label identifying the contents as a controlled substance are regulated by the Federal Drug Enforcement Agency. These medications will be stored in a locked area with limited access.

The controlled substances will be stored in a lock box and access will be given only trained staff members with EMAT certification.

I (or my staff) will check for expired medications monthly. All leftover or expired medication will be given back to the child's parent for disposal. Medication not picked up by the parent within one month will be flushed down the toilet or disposed of in a garbage container that is not accessible to children.

Medication Errors:

If a medication error occurs in my program, I will notify the child's parent immediately. I will maintain confidentiality of all children involved. I will encourage the child's parents to contact the child's health care provider if an error occurs. I will complete the VDSS form *Medication Error Report Form* to report all medication errors that occur in my program. If more than one child is involved in the error, I will complete a *Medication Error Report* for each child involved.

Confidentiality Statement:

Information about any child in my program is confidential and will not be given to anyone except Henrico PAL designers or other person authorized by law unless the child's parent gives written permission.

Information about any child in my program will be given to the local department of social services if the child receives a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

ADA Statement for Programs:

My program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in my program now or in the future is identified as having a disability covered under the Americans with Disabilities Act, I will assess the ability of the program to meet the needs of the child. If my program can meet the needs of the child without making a fundamental alternation to the program, I will not exclude the child from my program.

Provider Statement:

I understand that it is my responsibility to follow my *Program's Decision Regarding Medication* plan and all health and infection control regulations applicable to child day programs.

I will verify and document the credentials for all new staff certified to administer medication before the staff is allowed to administer medication to any child in the child day program.

The *Program's Decision Regarding Medication* plan will be made available to parents at enrollment, whenever changes are made and upon request.

The parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

Provider's Name (please print): Charles Anderson, Jazmine Bruce, Cara Hayes, Travis Watkins, and James Atkins	Facility Name: Arthur Ashe, Baker, Chamberlayne, Dumbarton, and Maybeury
Parent's Name (please print):	**Name(s) of Child or Children:**
Parent or Guardian Signature:	**Date:**