

Emergency Information

Name of friends or relatives to call in case of illness or emergency if you cannot be reached:

1. _____ Address _____ Phone # _____

2. _____ Address _____ Phone # _____

Physician to be called in an emergency: _____ Phone # _____

Dentist to be called in an emergency: _____ Phone # _____

Insurance company: _____ policy number: _____

I hereby grant permission for Cub Care staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following: 1) Attempt to contact a parent or guardian. 2) Attempt to contact the child's physician. 3) Attempt to contact a parent through any of the persons listed in the emergency information you completed for us. 4) If we cannot contact you or your child's physician, we will do any or all of the following: a. call another physician or paramedics, b. have the child taken to an emergency hospital in the company of a staff member. 5) Any expenses under 4 above, will be paid by the child's family.

Parent/Guardian Signature: _____ Date: _____

Please Circle One

My child is registered from Lake City Preschool in the Fall Yes No

My child is potty trained and bathrooms independently Yes No

I intend to sign my child up for summer swimming lessons (if yes, please pay our \$15 walking fee) Yes No

Program Rates:

| <u>Cub Care:</u> | <u>Per Child</u> |
|-------------------------|-------------------------|
| Preschool Day | \$39.00 per day |
| Non-Preschool Day | \$40.00 per day |

***We have a minimum of 3 days per week required for enrollment in our programming.**

***We currently do not offer drop in care.**

Scheduling Information *Monthly schedules are required Starting Date Requested _____

Please circle the days of the week you anticipate your child attending.

Typical Schedule: M T W TH F

Approx. drop off time _____
Approx. pick up time _____

If your child has an Allergy, please complete the form on the last page

CUB CARE PERMISSION AND RELEASES

Child's Name _____ Date _____

PUBLICITY PERMISSION

In the event the Cub Care program students are included in any newspaper, radio, on social media or television publicity, I give permission for my child to be included in the pictures and the release of their name.

POLICY AGREEMENT

I recognize my responsibility to respect the rules of the Cub Care program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

RECORDS RELEASE

I hereby authorize (name of school) _____ to release a copy of (child's name) _____ most recent school records, including but not limited to: immunization and physical exam records, special needs assessments, and IEP's in order to enable the Cub Care program to better meet the needs of my child.

NON-PRESCRIPTION MEDICATION PERMISSION

I hereby give the Cub Care program permission to apply or administer any of the following which have been checked.

_____ Sunscreen (**must be provided in a labeled container by parent**)

_____ Insect repellent (**must be provided in a labeled container by parent**)

_____ Medical supplies: such as band aids, adhesive tape, hydrogen peroxide, antiseptic wipes, etc....

TRANSPORTATION CONSENT

I hereby give the employees of Cub Care permission to transport my child in a school issued vehicle or by foot to activities within the city limits of Lake City as necessary. I understand that I will be notified in advance of any arranged trips that would involve my child being transported by Cub Care personnel.

MOVIE/MEDIA RELEASE

I hereby give Cub Care permission to show my child movies rated G while attending our program.

Definition of Being Potty Trained

A child is considered **fully potty trained** when they are able to:

1. **Recognize the need** to use the bathroom and communicate that need to an adult.
2. **Use the toilet independently**, including:
 - Pulling down and pulling up their own clothing.
 - Sitting on the toilet (with or without a seat insert).
 - Wiping themselves to the best of their ability.
 - Flushing the toilet.
 - Washing and drying their hands.
3. **Stay dry** during naps and throughout the day with **minimal to no accidents**.
4. **No longer require pull-ups or diapers** during the day, except in rare circumstances approved by parents and the director (e.g., medical or developmental needs).

Being potty trained means the child can manage toileting with minimal adult assistance and is able to consistently remain clean and dry while attending our program.

Signature _____

Date _____

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Child Allergy Information Form

| | | | |
|--------------------|--------------|----------------------|---------------|
| DATE | PROGRAM NAME | CERTIFICATION NUMBER | |
| CHILD'S FIRST NAME | MI | LAST NAME | DATE OF BIRTH |

Allergy information

Describe the allergy. Allergies with similar symptoms can be listed together. Additional section(s) can be added for multiple allergies with different triggers, symptoms, and techniques.

What triggers the allergy?

All symptoms below may be experienced when exposed to an allergen. Please select any known symptoms the child may display:

- No history of symptoms or unknown**
- Mouth: Itching; tingling; swelling of lips, tongue or mouth ("mouth feels funny")**
- Skin: Hives; Itchy rash; swelling of the face or extremities**
- Gut: Nausea; abdominal cramps; vomiting; diarrhea**
- Throat: Difficulty swallowing; hoarseness; hacking cough**
- Lungs: Shortness of breath; repetitive coughing; wheezing**
- Heart: Weak or fast pulse; low blood pressure; fainting; pale; blueness**
- Other:**

IF NEEDED, PLEASE LIST ANY ADDITIONAL INFORMATION REGARDING SYMPTOMS

What techniques will be used to avoid an allergic reaction?

What procedures will be taken to respond to an allergic reaction for this child?

| |
|--|
| |
|--|

Medications for responding to an allergic reaction

Are medications required for response to an allergic reaction for this child? Yes No

| MEDICATION | DOSAGE |
|------------|--------|
| | |

Medication administration requirements (permission to administer, when and how to administer, and documentation of administration) must be followed according to [Minn. Stat. 245H.13, subd. 3](#). The medication and dosage information documented here does not fulfill those requirements.

Doctor information - Call 911 for EMERGENCIES

| DOCTOR NAME | DOCTOR PHONE NUMBER |
|-------------|---------------------|
| | |

Allergy information available at all times

A child's allergy information must be available at all times, including on-site, when on field trips, or during transportation. Food allergy information must be readily available to a staff person in the area where food is prepared and served to the child per [Minn. Stat. 245H.13, subd. 4\(c\)](#).

Staff caring for the child

The following staff have reviewed the allergy information form and agree to follow the plan.

| Print Staff Name | Signature | Date |
|------------------|-----------|------|
| | | |
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In [Minn. Stat. 245H.13, subd. 4\(c\)](#), staff training requirements for child allergy information must be followed. Staff persons must be informed of child allergy information at least annually and when a change is made to allergy-related information in a child's record.