



STATE ST. SUMMER PROGRAM



ENROLLMENT PACKET

This manual is property of Playful Minds, LLC
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Registration Information – State Street Summer Program

June 17th through August 30th, 2024

Dear Parents/Guardians:

We are happy to hear about your decision to enroll your child in the Playful Minds Summer Program in 2024.

Registration forms and the Summer Program policies (available online starting April 2024)

- You will need to fill out all forms and read each policy. You must either sign or initial each page. Forms that need to be completed for your child to enroll in the program include:
 - Registration Information
 - Emergency Contact Information
 - What To Bring & NOT Bring to the Summer Program
 - Drop-off & Pick-up Procedure
 - Expectations for Enrolled Children
 - Electronics Policy
 - Sun, Insect, & Tick Protection
 - Permission to Leave Premises
 - Parent Involvement
 - Summer Program Waiver
 - Acknowledgment of Parent Handbook
- And other physician documents:
 - Certificate of Immunization - provided by the physician (if not currently on file with us)
 - Last physical dated document - provided by the physician (must be within the past two years)

Once you have filled out and chosen which sessions your child will attend, you will receive notification of the billing for your deposit.

Reserve your child's place in the Summer Program

- The deposit (and all other payments) must be conducted using your online Brightwheel account.
- Login to: <https://schools.mybrightwheel.com/sign-in>. You can select your unique password the first time you log in to your account. Please save this information.
- Pay the \$50.00 non-refundable deposit required to hold a slot for each child using Brightwheel. We cannot ensure enrollment in the Summer Program without this deposit. You will log in to the Brightwheel account each week to make your child's weekly tuition payments. \$50.00 deposit does NOT apply to voucher families.
- See the following page for more detailed registration information.



Registration Information – State Street Summer Program

June 17th through August 30th, 2024

This agreement contains the financial terms agreed to between the parent and Playful Minds, LLC.

Registration information

Child's name _____ Parent/guardian _____
 Date of birth _____ Street _____
 City/state/zip _____
 Phone _____ Email _____

Sessions

Select any or all weekly sessions you want your child to attend. Then select the days you want your child to attend – M - F (5 days), M, W, & F (3 Days), or T & TH (2 days). Last, next to Payment Method, indicate if payment is private or by the Seven Hills Voucher Program.

Dates:	Sessions:	Theme:	(5 Days) \$270 or \$300 Per Week	(3 Days) \$195 Per Week	(2 Days) \$130 Per Week
6/17 - 6/21	Session 1	Magic Camp	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, T, W)	<input type="checkbox"/> Daily (T, TH)
6/24 - 6/28	Session 2	Secret Agent	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, T, W)	<input type="checkbox"/> Daily (T, TH)
7/1, 7/2 & 7/3	Session 3	Party In The USA	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, T, W)	<input type="checkbox"/> Daily (T, TH)
7/8 - 7/12	Session 4	Food Frenzy	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, T, W)	<input type="checkbox"/> Daily (T, TH)
7/15 - 7/19	Session 5	Summer Olympics	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, T, W)	<input type="checkbox"/> Daily (T, TH)
7/22 - 7/26	Session 6	Fairytale Forest & Magical Creatures	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, T, W)	<input type="checkbox"/> Daily (T, TH)
7/29 - 8/2	Session 7	Builders and Engineers	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, T, W)	<input type="checkbox"/> Daily (T, TH)
8/5 - 8/9	Session 8	Playful Minds Got Talent	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, T, W)	<input type="checkbox"/> Daily (T, TH)
8/12 - 8/16	Session 9	Color War	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, T, W)	<input type="checkbox"/> Daily (T, TH)
8/19 - 8/23	Session 10	Camping	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, T, W)	<input type="checkbox"/> Daily (T, TH)
8/26 & 8/27 8/26 - 8/30	Session 11	Mad Science	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, T, W)	<input type="checkbox"/> Daily (T, TH)

The Summer Program is closed on July 4th to honor Independence Day. We are also closed on Friday, July 5th.

Payment Provider: ☐ Private Pay ☐ Seven Hills

Other fees - indicate below if you want your child enrolled in any of the following.

☐ Pre/Post Program \$45/week | ☐ Field Trip Varies/week

Payment method: Playful Minds staff Do NOT directly accept checks, money orders, or credit cards. Payment can only be made using the Brightwheel (<https://mybrightwheel.com/>) billing section. Brightwheel accepts credit cards, debit cards, and bank to bank transfers (ACH).

Deposit: \$50.00 is due at the time of registration through Brightwheel. \$50.00 deposit does NOT apply to voucher families.

Payment schedule: Weekly payments are due every Friday before the week for which your child is attending the PMLC Summer Program. There is no discount or deduction from the tuition for student absences, family vacations, inclement weather days, holidays, teacher training days, etc.

Late pickup fee: A parent late picking up their child from Playful Minds will be charged \$10.00 for the first 15 minutes and \$5.00 for each additional 5 minutes or portion thereof. This fee is due at the time of pick up or no later than the following day.

Suspension for non-payment: Payments later than one week result in the suspending of your child until the past due balance is paid in full. Payments are required regardless of absenteeism.

Parent Name: _____ Date: _____

Parent Signature: _____



Emergency Contact Information - State Street Summer Program

Child's name _____ Date of birth _____
Home street _____ City/town _____
Phone number _____

Parent/guardian contact information

List names in **the order** in which you would like us to contact first.

Name (1) _____ Phone number _____
Home Street _____ City/town _____
Name (2) _____ Phone number _____
Home Street _____ City/town _____

Emergency contact persons

List names in the order in which you would like us to contact first.

Name (1) _____ Phone number _____
Home Street _____ City/town _____
Name (2) _____ Phone number _____
Home Street _____ City/town _____

Pediatrician or person that provides health care to your child

Name _____ Phone number _____
Home Street _____ City/town _____

Allergies/chronic health conditions

Insurance information (optional)

Company _____ Policy &/or member # _____

Emergency medical treatment authorization

I hereby give the Playful Minds permission to administer first aid/CPR to my child or take my child to a hospital for treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent name _____ Date _____
Parent signature _____



Medication Consent Form - State Street Summer Program

If your child needs medication during the Summer Program, this form must be completed by you & your child's physician

Child Name: _____

Date of Birth: _____

Medication #1 type

☐ Prescription

☒ Oral non-prescription

☒ Topical non-prescription (wound/broken skin)

Medication #1 name

Has previously taken this medication. YES ☐ NO ☐

Purpose

Dosage

Date(s) medication to be given

Time(s) medication to be given

Directions for storage

Possible side-effects

Medication #2 type

☐ Prescription

☐ Oral non-prescription

☐ Topical non-prescription (wound/broken skin)

Medication #2 name

Has previously taken this medication. YES ☐ NO ☐

Purpose

Dosage

Date(s) medication to be given

Time(s) medication to be given

Directions for storage

Possible side-effects

If this is emergency medication, permission is given to staff to give my child this medication per their individual health care plan. YES ☐ NO ☐

If this is emergency medication, permission is given to staff to give my child this medication per their individual health care plan. YES ☐ NO ☐

Health care practitioner

Physician name: _____ Phone: _____

Signature: _____ Date: _____

If medication is topical, non-prescription, and there is no need to apply it to an open wound or broken skin, only the parent signature is needed.

Parent authorization

I give my permission to authorize staff to administer medication to my child as indicated above.

Parent name: _____

Parent signature: _____ Date: _____



What to Bring & NOT to Bring - State Street Summer Program

Items to bring to the Summer Program for the full LENGTH of the program

- An extra set of clothing. Label each piece with your child's name—we are not responsible for lost articles
- A bottle of sunscreen (SPF 25 or greater) is needed because it is re-applied during the program day. Label the bottle with your child's name.
- The extra set of clothing and bottle of sunscreen is required to replace used items.

Items your child will need to do or bring EACH day

- Before arriving at the Summer Program each morning, apply SPF 25 or greater to your child.
- Bring a swimsuit and a towel. Label any swimsuits and towels that your child will be bringing to the Summer Program — we are not responsible for lost articles. Used swimsuits and towels must be brought home with your child each day. (if applicable)
- Bring a water bottle (no glass).
- Bring a cold lunch packed in a bag with an ice pack (to preserve the food in the summer heat). Lunches from home cannot be heated.
- Pack healthy snacks.

Items that CANNOT be at the Summer Program

- NO glass bottles.
- NO peanut butter or nut products to protect children with severe nut allergies. This policy is strictly enforced!
- NO cell phones, iPods, or other electronic devices. We will not be responsible for broken/lost devices.
- If we find any electronics or cell phones they will be confiscated for the day. If a child arrives with a cell phone more than two times in a week, Playful Minds will suspend your child(ren) for the remainder of the week. If this takes place there will be no reimbursement for the time missed.
- NO toys or personal items from home.



Morning Drop-Off & Afternoon Pickup Procedures

State Street Summer Program

During the drop-off and pickup, we will need your cooperation. Following this procedure ensures your child's safety and yours, our staff, other children, and their family members.

Drop off

Daily arrival at the Summer Program is 8:00 am

- Please DO NOT let your child exit the vehicle independently.
- Parents should park their car and safely escort children inside.

Pickup

Daily dismissal from the Summer Program is 4:00 pm

- Parents should park their car and pickup their children inside.

Late pickup fee

- You will be charged the late pickup fee if you pick up your child late.
- Payment for late pickup is required because our staff must stay at the program longer than their scheduled shift.
- The late pickup fees are \$10.00 for the **first** 15 minutes and \$5.00 for each additional 5 minutes or portion thereof.
- This fee is due at the time of pick up.
- The fee must be paid for your child to return to the program.

Absences

Call Michelle Cloonan at (413) 455-1179 by 9:00 am if your child will be absent that day due to illness or other reasons. You NEED to leave us a message if we cannot answer the phone.



Expectations for Enrolled Children - State Street Summer Program

Parents must review the following list with their children to know and understand the rules we expect them to follow each day at the Summer Program. These have been put in place to ensure a happy and fulfilling experience each day.

Child expectations

- Be respectful to all administrators, peers, and other staff at all times.
- Be respectful to the property and the property of others.
- Wear clothes, SOCKS, AND SNEAKERS always, unless within the fenced-in pool area.
- Always change into bathing suits to use the pool.
- Always use please and thank you.
- Clean up after themselves and throw out their trash.
- Recycle whenever possible.
- Use appropriate language.
- Not to bully any other children.
- Ask a counselor to go anywhere.
- Take responsibility for their actions and tell the truth, even if it means admitting wrongdoing.
- Take responsibility for their property by keeping track of their towel, bathing suit, and all other property they bring with them to the Summer Program.
- Leave all toys, video games, and other electronics at home. They are not allowed at the Summer Program.
- Not draw or use pretend weapons, including guns, at any time.
- Walk, not run in the pool area.
- Participate in activities politely without exhibiting rough or aggressive behavior.
- Keep their hands, feet, and the rest of their bodies to themselves. Any fighting will be brought directly to the director.

Pool rules (if applicable)

Children are expected to follow all pool rules posted in the pool area, which include:

- No running
- No horseplay
- No diving
- Only jumping in the deep end of the pool when permitted for their skill level
- Wearing a proper bathing suit that fits well

Unacceptable behaviors or actions

Please read thoroughly. Any violation listed below can result in an Incident Report being written and possibly filed with state authorities, a Parent and Director Meeting occurring, and probable suspension or expulsion from the Summer Program. Children:

- Will not use obscene or vulgar language.
- Must not leave the premises without permission.
- Will not speak or act disrespectfully to any peer or adult.
- Will not threaten, harass, or physically harm another person.
- Will not intentionally destroy or vandalize any property.
- Will not use or take anyone else's property without their permission.
- Will not possess or distribute indecent literature.
- Will not take, sell, or distribute any drugs, medication, or alcohol on the property.
- Will not possess any object the staff deems dangerous.

Please review this information with your child, fill in this form and return this portion to the director.

Parent name: _____ Child: _____

Parent signature: _____ Date: _____



Electronic Devices Prohibited - State Street Summer Program

Benefits of this restriction

Electronic devices are not allowed at the Summer Program, so we can:

- Encourage your children to spend more time in the outdoors.
- Promote socialization between children.
- Remove the divider between "the haves and the have-nots" in each group.
- Reduce the stress associated with the damage to and theft of electronics.
- Give your children a much-needed break from the world of technology.
- Allow your children to fully embrace and "plug into" the connections they make with other children as they "unplug" from their electronics.
- Ensure that your children are not exposed to age-inappropriate material.
- Ensure that your children cannot post their Summer Program photos on the Internet.
- Ensure that your children are not focusing on situations revolving around their friends, not at the Summer Program.

Examples of electronic devices

Electronic devices include (but are not limited to):

- Cell phones
- Laptops, netbooks, tablets, iPads, e-Readers
- Gameboys, PlayStation Portable, Sony's handheld video-game device, Nintendo DSS, or other handheld gaming systems
- iPod, MP3 players
- Digital cameras

Playful Minds reserves the right to restrict any device not expressly listed above.

Parent name: _____ Child: _____

Parent signature: _____ Date: _____



Sun, Insect, & Tick Protection - State Street Summer Program

Sunscreen

Parent responsibilities:

- SPF 25 or greater sunscreen needs to be applied before the arrival to the Summer Program each day by a parent/guardian.
- Supply your child with a bottle of sunscreen SPF 25 or greater to be re-applied during the Summer Program days.

Staff responsibilities: Sunscreen will be applied to all children by staff at the following times:

- 9:00 am, 11:00 am, 1:00 pm, 3:00 pm
- After going swimming, waterslide, or other water activities.
- Document all applications in the Log.

Insect repellent

Insect repellent can be an effective way to fight off mosquitoes and ticks - and avoid the diseases they can spread.

Insect repellent will not be applied to any child without the written approval and direction of the parent/guardian. Playful Minds Summer Program does not supply insect repellent to the children.

Parent responsibilities:

- Grant approval for insect repellent application.
- Supply the insect repellent.

Staff responsibilities (if parent grants approval for insect repellent use):

- Follow the application process as directed by the CDC:
- Sunscreen is applied first.
- Only spray in well-ventilated space. Staff will direct children to avoid breathing in repellent when applied.
- Spray repellent will not be sprayed directly onto a child's skin. Instead, staff will spray onto their hands first, then rub the repellent onto the child's exposed skin and face, avoiding their hands, eyes, nostrils, and mouth when rubbing.
- Areas with broken or irritated skin will be avoided for possible aggravation
- Most repellents will protect against ticks and mosquitoes for at least 7 hours. Repellent can wash off in the water, so it should be re-applied after swimming.

I want my child to have insect repellent applied during the day. YES ☐ NO ☐

If yes, how often should the repellent be applied: ____ times per day.

Tick checks

Staff responsibilities.

- Tick checks will be performed regularly, including checking the following parts of a child's body: under arms, in and around ears, inside the belly button, back of knees, in and around the hair, between legs, around the waist.
- If a tick is found attached to the child's skin, the health care supervisor or a designated employee trained in removing ticks will remove the tick, and the parent/guardian will be notified.

Parent responsibilities: We also recommend parents do this tick check at the end of each day of the Summer Program.

Parent/guardian
name: _____

Signature: _____

Child's
name: _____

Date signed: _____



Permission to Leave Premises - State Street Summer Program

Child Name: _____

Date of Birth: _____

I give Playful Minds, LLC permission to take my child off premises to close-by destinations. Activities may include nature walks, walks to the local park, and the like. These activities are planned and incorporated into the classroom schedule.

Additional written permission:

I understand that if a field trip is planned and the children are being taken to further destinations (such as the zoo or a farm), I will be asked to complete an additional consent form.

With my signature, I give my permission for my child to be taken to close-by destinations as outlined above. I understand the circumstances in which I will be contracted for a separate written approval.

Parent name: _____

Date: _____

Parent signature: _____



Parent Involvement - State Street Summer Program

Staff and families are encouraged to work together collaboratively to help children participate successfully at the Playful Minds Summer Program. If your personal views, practices, or beliefs differ from what you see or hear, please immediately bring them to our attention. We'd like to know about anything that might be a concern to you. We encourage open communication at all times. If there are concerns, a meeting will be set up to address them. We ask that your concerns be brought up in a professional manner as we do our best to create a comfortable environment for everyone.

Concerns: When a parent has a concern, including those concerns that involve the actions of another child, the parent should contact the Program Director.

Types of Parent Notifications. Playful Minds notifies parents:

- Immediately of any injury requiring any medical care beyond minor first aid or any emergency administration of non-prescription medication.
- Immediately of any allegation of abuse or neglect involving their child.
- Before or as soon as possible following any change in counselors.
- At the end of the day, when any minor first aid is administered.
- In writing within 24 hours of any accident.
- Whenever special problems and significant developments arise.
- Whenever an infectious disease or condition has been identified in the program.
- In writing before the introduction of any pets into the program.
- In writing regarding the use of any herbicides or pesticides before their use whenever possible
- Whenever the program deviates from the plan.

Respecting Others: Playful Minds adheres to a federal and state harassment laws and makes every effort to protect staff members. The law prohibits any person in the work environment from engaging in any communication or action that creates an uncomfortable situation or even creates a situation where the staff person cannot perform their job. With this in mind, we also expect our clients to refrain from these activities with program staff. Below is a sample list of actions we ask our clients to protect our staff from:

- Leering, whistling, brushing up against the body, sexual gestures, or suggestive or insulting comments.
- Displaying sexually suggestive objects, pictures, or cartoons.
- Sexual advances, whether they involve physical touch or not.
- Sexual epithets or jokes, written or oral references to sexual conduct, gossip regarding one's sex life, comments about an individual's body, comments about an individual's sexual activity, deficiencies, or prowess.
- Someone is inquiring about staff sexual experiences and discussion of one's sexual activities.

There could be negative consequences to a staff person's employment and/or your own child's enrollment if these guidelines are not followed or other Playful Minds policies are not followed.



Termination and Suspension Policy

A child may be suspended and/or enrollment may be terminated from Playful Minds if any of the following situations occur:

- Consistent late payments and unpaid bills.
- Child's consistent behavior that causes danger to him/herself and others in the room, such as excessive biting, pushing, hitting, etc. Possible termination will generally occur after 3-meetings with the parents, although Playful Minds is not required to provide any specific number of meetings before termination.
- Excessive late pickups. A parent who has been late to pick up a child more than 3-times in the same month will be considered an excessively late for pickup.
- Unusual circumstances determined by the Directors, teachers, or parents may result in suspension or termination.
- Failure to complete any required forms (e.g., medication administration forms).
- Verbal or physical abuse by a parent to a staff member, including harassment actions listed under *Respecting Others* policy.
- When a parent engages in gossiping and rumoring about other families, including when a staff person may be babysitting for you.
- Before suspension and/or termination, the Program Director will meet with the parents and the child's staff to discuss the specific reasons for the proposed suspension or termination and the circumstances under which the child may return, if any. The meeting will be documented and kept in the child's file. Termination is only practiced if all other actions have been exhausted.

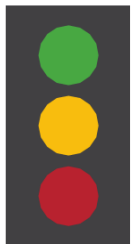
If a child does have to be terminated, Playful Minds will create a positive atmosphere for the child transitioning out of the program.

Print name _____

Child name _____

Signature _____

Date _____



The colors of the traffic light help with asthma management.

GREEN means Go Zone!
Use controller medicine.

YELLOW means Caution Zone!
Add quick-relief medicine.

RED means Danger Zone!
Get help from a doctor.

Asthma Action Plan

Child name _____ Date of plan _____
Date of birth _____ Doctor/nurse name _____
Parent name _____ Doctor/nurse phone _____
Parent phone _____
Personal best peak flow _____ Goal for child _____
Important! Avoid these things that make asthma worse _____

Go! You're doing well!		Use these daily controller medicines:				
You have ALL of these: <ul style="list-style-type: none">Breathing is goodNo cough or wheezeSleep through the nightCan go to school and play	Peak flow from	Medication	Route	How much	How often	Times
	To					
Go! You're doing well!		Continue with green zone controller medicines and add:				
You have ANY of these: <ul style="list-style-type: none">First sign of a coldCoughMild wheezeTight chestCoughing, wheezing or trouble breathing at night	Peak flow from	Medication	Route	How much	How often	Times
	To					
		CALL THE DOCTOR/NURSE				
Go! You're doing well!		Take these and call the doctor now.				
Your asthma is getting worse fast: <ul style="list-style-type: none">Medicine is not helpingBreathing is hard and fastNose opens wideRibs showCan't walk well	Peak flow from	Medication	Route	How much	How often	Times
	To					
		GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room and bring this form. DO NOT WAIT. Make an appointment with the doctor/nurse within two days of an ER visit or hospitalization.				

Doctor/NP/PA Signature: _____ Date: _____

I give permission for the school, my child's doctor/NP/PA or _____ to share information about my child's asthma.

Parent/Guardian Signature: _____ Date: _____

Consent for the administration of medication in school: I consent to have the school nurse or school personnel designated by the school nurse administer the medication as prescribed on the reverse side of the page.

Authorization for student self-administration of medication in school: I have instructed this student in the proper way to use his/her medications. Medications administered must be consistent with school policy, and a medication plan



Must be developed with the school nurse in accordance with the Massachusetts Regulations Governing the Administration of Prescription Medications in Public and Private Schools (105 CMR 210.000) as printed below. Translated copies of the regulation can be obtained from the Massachusetts Department of Public Health, 250 Washington Street, Boston, MA 02118. It is my professional opinion that this student may self-administer the medication and may be allowed to carry and use his/her medications by him/herself:

Comments/special instructions:

Doctor/Nurse: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Medication Administration Plan Completed: _____ **Date:** _____

School Nurse Signature: _____ **Date:** _____

Listed below are regulations governing the self-administration of prescription medication 105 CMR 210.006

- (A) Consistent with school policy, students may self-administer prescription medication provided that certain conditions are met. For the purposes of 105 CMR 210.000, "self-administration" shall mean that the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance or direction.
- (B) The school nurse may permit self-medication of prescription medication by a student provided that the following requirements are met:
 - (1) The student, school nurse, and parent/guardian, where appropriate, enter into an agreement which specifies the conditions under which medication may be self-administered;
 - (2) The school nurse, as appropriate, develops a medication administration plan (105 CMR 210.005 (E)) which contains only those elements necessary to ensure safe self-administration of prescription medication;
 - (3) The school nurse evaluates the student's health status and abilities and deems self-administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of prescription medication;
 - (4) The school nurse is reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and time of day for which the prescription medication is ordered, and follows the school self-administration protocols;
 - (5) There is written authorization from the student's parent or guardian that the student may self-medicate unless the student has consented to treatment under M.G.L. c. 112, § 12F or other authority permitting the student to consent to medical treatment without parental permission;
 - (6) If requested by the school nurse, the licensed prescriber provides a written order for self-administration;
 - (7) The student follows a procedure for documentation of self-administration of prescription medication;
 - (8) The school nurse establishes a policy for the safe storage of self-administered prescription medication and, as necessary, consults with teachers, the student, and parent/guardian, if appropriate, to determine a safe place for storing the prescription medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the prescription medication shall be kept in the health room or a second readily available location;
 - (9) The school nurse develops and implements a plan to monitor the student's self-administration, based on the student's abilities and health status. Monitoring may include teaching the student the correct way of taking the prescription medication, reminding the student to take the prescription medication, visual observation to ensure compliance, recording that the prescription medication was taken, and notifying the parent, guardian or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the prescription medication;
- (10) With parent/guardian and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a prescription medication.

SEIZURE ACTION PLAN (SAP)

END EPILEPSY

Name: _____ Birth Date: _____
 Address: _____ Phone: _____
 Emergency Contact/Relationship: _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

How to respond to a seizure (check all that apply) ☒

- | | |
|---|---|
| <input type="checkbox"/> First aid - Stay. Safe. Side. | <input type="checkbox"/> Notify emergency contact at |
| <input type="checkbox"/> Give rescue therapy according to SAP | <input type="checkbox"/> Call 911 for transport to: <u>Click or tap here to enter text.</u> |
| <input type="checkbox"/> Notify emergency contact | <input type="checkbox"/> Other: <u>Click or tap here to enter text.</u> |

First aid for any seizure

- **STAY** calm, keep calm, **begin timing seizure**
- Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- **SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- **STAY** until recovered from seizure
- Swipe magnet for VNS
- Write down what happens

- Other

When to call 911

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

When to call your provider first

- Change in seizure type, number or pattern
- Person does not return to usual behavior (i.e., confused for a long period)
- First time seizure that stops on its' own
- Other medical problems or pregnancy need to be checked

Seizure Plan (continued)



When rescue therapy may be needed:

WHEN AND WHAT TO DO

If seizure (cluster, #,
and length:)

Name of Med/RX:

How much to give
(dose):

How to give Med/RX:

If seizure (cluster, #,
and length:)

Name of Med/RX:

How much to give
(dose):

How to give Med/RX:

If seizure (cluster, #,
and length:)

Name of Med/RX:

How much to give
(dose):

How to give Med/RX:

How to give care after seizure

What type of help is
needed (describe):

When is person able to
resume usual activity:

Special instructions

First Responders:

Emergency
Department:

Seizure Plan (continued)



Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (Time of each dose and how much)

Other information

Triggers: _____

Important Medical History: _____

Allergies: _____

Epilepsy Surgery (type, date, side effects): _____

Device: ☐ VNS ☐ RNS ☐ DBS Date Implanted:: _____

Diet Therapy: ☐ Ketogenic ☐ Low Glycemic ☐ Modified Atkins ☐ Other (Describe below) _____

Special Instructions: _____

Health care contacts

Epilepsy Provider: _____ Phone: _____

Primary Care Provider: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

Signatures

My signature: _____ Birth Date: _____

Provider signature: _____ Phone: _____

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END EPILEPSY



Individual Health Care Plan Form (EEC)

To be completed by a licensed health care provider.

Child's Name: _____ Date of Birth: _____

Name of Chronic Condition: _____

Description of the chronic health care condition.

Symptoms.

Medical treatment necessary while at the program.

Who has to be trained and will be administering this treatment while the child is in the program.

Potential side effects of treatment.

Potential consequences if treatment is not administered.

(Optional) Other recommendation: further tests, treatments, mitigating measures, accommodations etc. required to allow for the child's full participation.

Signatures

Name of the
Licensed Health
Care Practitioner: _____

Phone #: _____

LHCP Signature: _____

Date: _____

Parent/guardian: _____

Date: _____

Program Admin
Signature: _____

Date: _____



Summer Program Waiver / Indemnification

State Street Summer Program

Child 1 full name _____

Child 2 full name _____

Child 3 full name _____

Child 4 full name _____

Parent(s) or legal guardian must sign below before a child is accepted to participate in any Playful Minds Summer Program, Lesson, Class, or Activity:

As the parent/legal guardian of the child/children named herein, I hereby represent that the child/children has been examined by a pediatrician and is physically fit to participate in the Playful Minds Summer Program, Lesson, Class, and Activity. I understand there are inherent risks in participating in the Summer Program. I hereby accept responsibility for and agree to pay all costs of medical treatment resulting from any injury suffered by my child/children due to their participation in the Playful Minds Summer Program. I further agree to indemnify and hold harmless Playful Minds LLC, Playful Minds Summer Program, its agents, servants, employees, and representatives from all liability, damage, cost, or expense arising out of my child's participation, and every kind and nature at the Playful Minds Summer Program, Lessons, Classes and Activities.

If I cannot be reached in an emergency, in that case, I permit any medical treatment deemed necessary for my child/children to be administered by a qualified Playful Minds staff member, emergency medical technician, physician/staff of a hospital, or any other qualified individual to provide.

I have read and agree to the terms outlined above.

Parent/guardian
name: _____

Emergency
phone #: _____

Signature _____

Date
signed: _____

Email: _____



Acknowledgement Of Receipt Of Parent Handbook

Child Name: _____ Street: _____

Parent Name: _____ City, State: _____

The Playful Minds Learning Center (PMLC) Parent Handbook has been made available to me and was available for download on the PMLC website, and that, if I am not able to access the website, I had the option of receiving a printed copy.

I understand the policies in this handbook are subject to change to maintain compliance with current and future issuing of local, state, and federal regulations. And that, changes in the handbook may also occur at the authorization of the owner to indicate improvements in procedures, information sharing with staff and families, and other reasons, provided such changes do not violate local, state, and federal law.

I understand my child's enrollment at PMLC could be terminated if any problems listed in the Termination and Suspension (but not limited to) policy described herien occurs.

I acknowledge that PMLC staff discussed the policies in the handbook with me. I was given the time to ask questions and have them answered to my ability to understand them.

I, the Parent/Guardian, have read, understand, and agree to follow the policies and procedures required of me in this handbook.

Parent/Signature: _____ Date: _____

I, the Parent/Guardian, acknowledge that PMLC staff discussed the Child Guidance policy in this handbook with me. I was given the time to ask questions and have them answered to my ability to understand them.

Parent/Signature: _____ Date: _____