



Hope 7 Community Center
695 Pawling Avenue | Troy NY 12180
hope7cc@hope7.org

2025-26 Hope 7 After School Program Parent Handbook and Student Enrollment Packet

Please note: There are 16 pages in this packet. Please be sure to read them all, complete the forms where information is requested and sign all locations where parent signatures are requested. Pay special attention to the medical forms and provide information on the individual care plan for how to address medical issues and suggestions for interventions for each condition listed.

Hope 7 has over 50 years of experience providing after-school enrichment and supervision for youth in Troy's East Side Neighborhood. Our program is open to students from Troy City School District, Troy Prep, and Albany charter schools. A NYS licensed program, we operate in compliance with all NYS Office of Child and Family (OCFS) regulations, background checks and training. Our goal is to provide a safe, nurturing environment for all children. Programming includes homework, snack time, arts and crafts, physical recreation, special events and community participation.

During our after-school program children enjoy a warm hearty snack that meets USDA Child and Adult Care Program (CACFP) nutritional guidelines for an evening meal, have a time of supervised homework with assistance provided as needed, and have opportunities for creative and physical activity based on the developmental capabilities and interests of the children. Students can also participate freely in extracurricular activities that may include clubs, organized interactive activities like cooking demonstrations and science experiments, fun contests and more.

Afterschool Program Contact

Youth Program Director Ceara Creegan: youthprograms@hope7.org | 518-272-8029

Ages Served for the 2025-26 School Year

Our afterschool program welcomes children ages 4 - 11 who will reach 5 - 12 by December 1 and are entering grades kindergarten through 5th grade in September.

Operating Hours for the 2025-26 School Year

The 2025-26 Afterschool Program will begin on Monday, September 8. Our schedule is based on the Troy City School District calendar. On regular school days we are open from scheduled dismissal to 6 pm Monday through Friday. **We will not operate on school holidays or during school vacations and we will not be open on days school is closed or dismissed early due to inclement weather.**

Program Schedules, Fees and Monthly Rates for 2025-26

We have three schedules available for 2025-26. You may choose to enroll your child/children for 5-days|M-F; 3 days|M/W/F; or 2 days | T/Th. These registration options will help us provide a more consistent experience for families and participants and staff for safe operation by knowing which days participants plan to attend each week. We will not be accepting children for individual or mixed days outside of these program schedules. As always, we are committed to providing you with high-quality after-school programming.

Hope 7 is moving to a monthly fee schedule for the 2025-26 school year. The monthly fee covers each full month for all days based on your chosen schedule at the time of registration. The month must be paid in full by the 1st of that month. Payments not received by the 10th will result in the withdrawal of the associated children from the program. Fees are the same regardless of the number of days per month, the scheduled number of school days per month or the length of the month. **There will be no fee reductions or**

reimbursements for days school is not open or held. Prorated refunds are only available for program closures due to unexpected significant operational or facility issues.

Each enrollment must include a non-refundable registration fee of \$50 (+\$10 for each additional child enrolled). This fee covers administrative costs and helps us plan properly. A refund of eligible program fees is available if you cancel your registration no later than 11:59 p.m. ET on Tuesday, September 3. Please note that if a parent or guardian cancels their child's registration, it will negate the child's contract with the program.

The difference between Troy City School District and Troy Prep rates are established based on length of the school day. Troy Prep has a longer school day with children arriving at the center at a later time.

Monthly Rates for Troy City School District Grades K-5

	<u>1 child</u>	<u>2 children</u>	<u>3 children</u>
Monthly 5 days per week	\$400	\$660	\$815
Monthly Monday/Wednesday/Friday Only	\$300	\$455	\$610
Monthly Tuesday/Thursday Only	\$240	\$395	\$550

Monthly Rates for Troy City School District Grades K-5

	<u>1 child</u>	<u>2 children</u>	<u>3 children</u>
Monthly 5 days per week	\$300	\$495	\$690
Monthly Monday/Wednesday/Friday Only	\$225	\$372	\$519
Monthly Tuesday/Thursday Only	\$180	\$295	\$410

Each program registration will also include a non-refundable \$50 administrative fee per site (+\$10 for each additional child). This fee will help us plan for the appropriate number of participants and provide the best experience possible. A refund of eligible program fees is available if you cancel your registration no later than 11:59 p.m. ET on Tuesday, September 3. Please note that if a parent or guardian cancels their child's registration, it will negate the child's contract with the program.

Payment Schedule, Invoicing and Processing Procedures for 2025-26

Program fees are expected to be paid on a monthly basis and will be invoiced via email with an option to pay online for the month or pay by check. Only one transaction per month may be paid online due to high credit card processing fees. If you fail to pay your balance in full via credit card with your monthly transaction, any balance must be paid by check.

Monthly invoices after September will be provided on the 15th of each month for the next program month and should be paid by the 1st day of each program month. Children who's fees are not paid by the 10th of the month must be removed from the program until back balances are paid in full.

We look forward to serving your family this school year! **For questions email youthprograms@hope7.org or call us at 518-272-8029.** We look forward to serving your family this school year!



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After-School Registration and Contract

All forms in this packet must be completed separately for each child you are enrolling.

Child's Name: _____ DOB: _____
Gender: _____ Age Now: _____ Grade (Sept 2025): _____ School: _____
Home Address: _____
Home City: _____ State: _____ Zip Code: _____
Parent/Guardian 1 Name: _____
Parent/Guardian 1 Phone: _____ - _____ - _____ Email: _____
Parent/Guardian 2 Name: _____
Parent/Guardian 2 Phone: _____ - _____ - _____ Email: _____
Emergency Contact Name: _____ Relationship to Child: _____
Emergency Contact Phone: _____ - _____ - _____ Email: _____
Date care began: _____ Date care terminated: _____

Initial before each paragraph and sign the statement at the bottom before returning this form and all other necessary forms for enrollment. The individual who signs this form is responsible for payment and communication about your child. We can only take direction about your child and provide information regarding your child to this individual unless you provide us with written permission to communicate with additional individuals.

Initials

- _____ I understand program fees are to be paid on a monthly basis and will be invoiced via email with an option to pay online for the month or pay by check. Only one transaction per month may be paid online due to high credit card processing fees. If I fail to pay the balance in full via credit card with my monthly transaction, any balance must be paid by check. **Payment must be paid by the 1st day of each program month.** If my child's/childrens' fee(s) are not paid by the 10th of the month I must remove my child/children from the program until back balances are paid in full.
- _____ I understand I am responsible for and will arrange for my child's/childrens' transportation to Hope 7 on regularly scheduled full school days and will ensure the school is aware that my child should be transported home on early dismissal days. I also assume responsibility for the timely pickup and transportation of my child at the close of each day. I am aware of and accept that I will be charged \$1 for every minute past 6 pm that my child has not been picked up and that those fees must be paid with the next monthly payment for my child to remain enrolled. If my child is not picked up by 6 pm three times, Hope 7 may disenroll them from the program and no refunds will be provided. I understand that, following New York State Law, Hope 7 must contact the police and CPS if my child has not been picked up by 7 pm or an hour after announced closing time.

- _____ I understand that Hope 7 is a nut-free zone and I agree not to send my child to Hope7 with any snacks containing tree nuts or nut oils.
- _____ I agree to notify the Program Director at youthprograms@hope7.org by 9 am on any program day for which my child is scheduled if my child will be absent from the program and to provide as much advance notice as possible of any planned absences for appointments or extracurricular activities.
- _____ I grant permission for my child to participate in field trips run by Hope 7 Community Center and be transported by contracted school bus to any planned field trips.
- _____ I understand that it is my responsibility to provide full accident and health insurance coverage for my child.
- _____ I agree that for the protection of my child and others, I will not send my child to Hope 7 when ill and understand I may be called to pick up my child whenever staff deems home care necessary.
- _____ I understand that Hope 7 staff may not, under any circumstances, transport my child by private vehicle and will be required to call an ambulance for transport in an emergency.
- _____ I understand that my child's participation in programming at Hope 7 is contingent upon my child's ability to abide by rules established and communicated by program staff. Inability of or refusal by my child to follow the directions of program staff may result in me being required to arrange early pick-up for my child. Repeated incidents of failure to follow directions of program staff may result in temporary suspension from the program and/or eventual expulsion from the program.
- _____ I have read the entire Program Handbook and familiarized myself with costs, rules and expectations of the program communicated therein and agree to abide by those throughout my child's participation in the program.

I am enrolling my child in the afterschool program for the following days:

5-days per week | Monday - Friday

3 days per week | Monday, Wednesday, Friday

2 days per week | Tuesday and Thursday

Signature: _____ Date: _____



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Pick Up Authorization Form

Must have a minimum of 3 people listed

A separate form must be completed for each child you are enrolling.

Unless there is a legal document on file stating that a parent is not allowed contact with a child, staff are NOT legally able to keep a non-custodial parent from picking up a child. Please attach a copy of a legal document to this form if this situation applies to you.

Child's Name: _____

I give permission for the following people to pick up my child from Hope 7 Community Center's child care program. I realize that my child will not be released to anyone who is not listed below, unless the Program Director is informed previously with written documentation. I agree to communicate to individual picking up my child that they may be required to provide identification until such time as they become recognizable to staff.

Parent/Guardian Signature: _____

Date: _____

Name	Relationship	Address	Phone Number
	Parent/Guardian 1		
	Parent/Guardian 2		



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Waivers and Release Forms

*(Each individual waiver/release must be completed and signed.
A separate form must be completed for each child you are enrolling.)*

Child's Name: _____

Photo Release (Check one option, sign and date)

☐ I give my permission for Hope 7 Community Center to use my child/children's pictures or mine for commercial, promotional and grant purposes at any time, without compensation. I understand that names will not be used for picture identification, only program names (Summer Camp/After-School) and Hope 7's name.

☐ I do NOT give my permission for Hope 7 Community Center to use my child's/childrens' pictures.

Parent/Guardian Signature

Date of Signature

School Transportation Release

I give my permission for my child to ride by school bus from his/her school to Hope 7 Community Center. It is understood that I will speak to my child about the importance of acceptable behavior while riding on the bus.

Parent/Guardian Signature

Date of Signature

Nature Walks and Swimming

I understand and give permission for my child to swim and take nature walks daily while in attendance to the Hope 7 Summer Camp Program and After-School outings.

Parent/Guardian Signature

Date of Signature

Sunscreen/Bug Spray

I authorize Hope 7 staff to apply sunscreen and bug spray as needed for scheduled activities.

Parent/Guardian Signature

Date of Signature



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Parent and Hope 7 Responsibilities

A separate form must be completed for each child you are enrolling.

Child's Name: _____

Hope 7 Responsibilities

- Afterschool program admission is open to children ages 4 - 11 who will reach 5 - 12 by December 1 and are entering grades kindergarten through 5th grade in September provided program staff are able to accommodate any specific special needs of that child. Hope 7 is not required to accommodate all children with special needs, but is entitled to assess need and make enrollment and retention decisions based upon our ability to accommodate them.
- Hope 7 will provide a safe and nurturing environment with emphasis on recreational and individual enrichment programs for your children and comply with all NYS OCFS regulations.
- It is the legal responsibility of Hope 7 and its employees to report to Child Protective Services and NYS Office of Child and Family Services ANY suspected cases of child abuse or neglect inside or outside of the center.
- Hope 7 will provide to any authorized parent or guardian access to the premises to assess our program, staff and childcare at any time. Any parent or visitor to the facility is required to sign into the visitor log before entering the building and sign out upon exit. A copy of the NYS Office of Child and Family Services regulations and contact numbers for inquiries and complaints, and suspicion of abuse are posted at the sign in/out desk.
- Hope 7 will not open on days school is closed or dismissed early due to emergency situations or inclement weather.
- Hope 7 can only administer emergency medicines (epi-pen, inhaler, Benadryl for allergic reactions) with a form from your child's doctor.
- Hope 7's afterschool program follows the Troy City School District Calendar as printed and released as of August 15, 2025. We will not automatically add additional days of service when the school district adds days during the year. Please be sure to check with Hope 7 about any early dismissal days added by the district during the school year.
- A Hope 7 staff member certified in First Aid and CPR will be on site at all times during programming. For minor things such as scraped knees or a bump or scratch, we will treat the incident and record it in our injury log. The parents/guardians of a child that experiences a minor injury will be notified if the injury and the type of medical attention that was given. In case of a serious medical or dental emergency, we will first call 911 for medical assistance, then notify parents/guardians. If they cannot be reached, we will notify the person designated on the child's emergency form.
- After school programming will begin for the 2025-26 fall semester on September 8. We will open for the second semester on January 6.
- Hope 7's first step in managing behavior is prevention. Hope 7 is committed to providing clear, reasonable limits for children's behavior and maintaining them; to reinforce positive behaviors and redirect negative behaviors. Hope 7 wants to help children recognize and identify their feelings as valid and acceptable. Hope 7 will never use corporal punishment as a form of discipline, nor use food as a reward or as a punishment. If a child's behavior is harmful to him/herself or to others, Hope 7 staff will intercede.
- Hope 7 will notify parents of any anticipated changes to the schedule provided herein as soon as we become aware of the need to adjust the schedule. We do not take such changes lightly and will make no changes without adequate prior notice unless a true emergency arises.

Parent/Guardian Responsibilities

1. Parents/Guardians arriving to pick up children must sign their child out of the program before taking their child out of the building. Please bring photo identification with you when picking up or dropping off a child. A person designated to sign in/out your child must be listed in advance on your contact form.
2. Parents/Guardians recognize that Hope 7 is not responsible for any items, food, electronics, school supplies, clothing, etc. that children bring to the program. We discourage students from using cellphones during program hours for anything outside of homework and may request that children leave mobile phones in their backpacks during program hours.
3. It is the parent's/guardian's responsibility to inform Hope 7 if a child will be absent by 9 am or I will be responsible for their snack for the day (\$3 charge per day). Prolonged absenteeism without a call may result in disenrollment.
4. Parents/guardians are responsible to submit childcare fees on time. Failure to make timely payment or discuss payment difficulties prior to the payment due date may result in disenrollment of the child from the program.
5. It is the parent's/guardian's responsibility to send the appropriate clothing for a child in accordance with the activities planned for that day and the weather. Children should be in sneakers daily. Boots, coats, rainwear, hats and gloves should be sent on days they may be needed.
6. It is the parent's/guardian's responsibility to send a child with lunch if they will not be in school at lunchtime.
7. Parents/guardians must ensure that the three individuals that serve as contacts are kept updated at all times.
8. Parents/guardians must provide a health care plan for any diagnosis for which they believe their child needs special accommodation or a plan of care that provides specific tactics to be used in accommodating the child. Parents/guardians understand that the addition of any special accommodation requests require Hope 7 to reassess our ability to accommodate the child in our program.
9. Parents/guardians accept the responsibility to pick up children by 5:30 pm and no later than 6 pm. Failure to do so will result in a \$1 per minute late fee and habitual tardiness will result in disenrollment from the program.
10. In the event of natural disasters or other unforeseeable emergencies, we may need to close. Unforeseeable circumstances could include: loss of power affecting lights and heat/air; no running water; earthquake or other natural disaster; fire. Should such a closure occur during program hours, parents/guardians will be notified and need to pick up the child as soon as possible.
11. Parents/guardians understand that if pickup does not take place within 1 hour of program closing, Hope 7 will notify the Troy Police Department and NYS OCFS.
12. Quiet time is provided every day for children to do homework. Hope 7 staff are available to help children focus and provide help where possible. However, you and your child are responsible for ensuring homework assignments are completed and Hope 7 staff are unable to provide tutoring services.
13. Should you experience a change of address, phone number, or email, parents/guardians must notify the program director in writing or via email within 24 hours of the change.
14. The following language was authored by the YWCA and we thank them for allowing us to use it.
Hope 7 staff members will make every effort to communicate and solve individual behavior challenges; however, if a problem persists, Hope 7 reserves the right to suspend a child temporarily or permanently. Disruptive or disrespectful behavior toward other program participants or staff is cause for suspension or removal from the program. Hope 7 encourages you to discuss concerns about your child's behavior with our youth program director. Safety is Hope 7's number one priority. If severe safety issues arise, where children are harming themselves or others, this is grounds for dismissal from the program. .

I have read and fully understand the above agreement and agree to the conditions set forth above.

Parent/Guardian Signature

Date of Signature



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Sample Program Day

Rotation of each age group into various classrooms every 30 minutes. Groups include activities in arts and crafts, education enrichment, socialization and interactive sports/games. Children are also brought outside upon discretion of the director. Children will also be able to utilize the programs' computers, under supervision, to build technological skills.

Snack time - Snack is provided by Hope 7 for all children Monday through Friday. Children may bring snack from home. Please do not send children with food that needs to be reheated or cooked. Please do not send children with any peanut or tree nut products.

Homework time- Assistance will be provided for willing and cooperative children. In the event of a special activity that commences prior to 3:30, homework will need to be completed at home.

Various clubs are scheduled throughout the week such as art club, trivia club, homework club, Forest Rangers, Girls Scouts and many more.

Volunteers from local organizations and colleges commit semester hours to Hope 7 to enrich the children's experience and assist staff throughout the year.

Discipline Policy

It is Hope 7 Community Center's objective to guide the behavior of children for the protection and growth of all the children in our care. Our goal is to assist children develop self-control and assume responsibility for their actions through clear and consistent rules and limits appropriate to their ages and development. The staff of Hope 7 uses acceptable techniques and approaches to help children solve problems; including but not limited to redirecting to an alternative activity, rewarding acceptable behavior, encouraging children to talk about feelings and providing an example for children by speaking and interacting with children in a positive manner.

Should a form of the above discipline be utilized by the Hope 7 staff, it must relate to the child's action and without delay. Isolation of a child in a darkened area or where the child cannot be seen and supervised is prohibited. When a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts group interaction, a child may be separated from the group, but only for as long as necessary for the child to regain enough self-control to rejoin the group. If deemed necessary by staff, parent/guardian may be called to pick up the child immediately.

Every effort will be made to work with the child and parent before expulsion. However, Hope 7 reserves the right to terminate care at any time as a result of disruptive behavior.

Corporal punishment is prohibited including, but not limited to spanking, biting, shaking, slapping, twisting or squeezing, demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures or compelling a child to eat or have in the child's mouth, soup, foods, hot spices or foreign substances. Withholding or using food, rest, or sleep and forced feeding as a punishment is prohibited. Discipline which frightens, demeans or humiliates a child is prohibited.

In addition, Hope 7 will conduct health checks and maintain a daily log which will include, but not limited to any observance of unusual bruising or cuts on a child when he/she arrives as well as any behavior problems, actions taken and consultation results with parents/guardians.



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Safety Policies

Fire Drills

Fire drills are conducted monthly and documented records are kept on file in the center. Fire drill evacuation plans are posted in each classroom.

Emergency Evacuation - Long Term

1. The center will be fully evacuated upon the sounding of the alarm according to normal evacuation procedures, at this point all children and staff will be accounted for.
2. All staff, children and parents will then proceed to 606 Pawling Avenue, Troy, NY 12180
3. Once inside, everyone will be accounted for by the Executive Director or Designee who will then notify all parents by phone that the center is closed and their child will have to be picked up immediately at PAUM at 520 Pawling Ave, Troy, NY 12180.
4. The evacuation will be considered complete when all children have been released to their parent.

Emergency Shelter-in-Place

Shelter-in-place is a response to an emergency that creates a situation in which it is safer to remain in the building rather than evacuate. Generally, shelter-in-place means simply staying indoors. In some situations, sheltering in place includes additional precautions like locking all doors, closing the windows shades, remaining in a room away from large windows or turning off heat and air conditioning system. Most situations calling for sheltering in place are in response to events that have a relatively short duration of hours, not days or weeks. TWO shelter-in-place drills must be performed every session. Parents will be notified in advance of drills taking place.

Disenrollment Policy

Every effort will be made to work with the child and parent before expulsion. However, Hope 7 reserves the right to terminate enrollment at any time. Grounds for disenrollment include, but are not limited to, the following reasons:

- Tuition in arrears of two weeks.
- Parent or child behavior that harms or is likely to result in harm to the child, staff or property, or seriously disrupts group interaction.
- Excessive late pick-up of child - 3 late pick-ups, which will incur additional fees, may result in termination. One pick up 30 or more minutes late where there is no communication from the parent and the parent is unable to be reached may result in immediate termination.
- The necessity of administering medical treatment for which staff is not trained.
- Any single incident that is deemed by the Program Director as dangerous, harmful or disruptive to your child or others.

Credit Card Fees

A 2.5% administrative fee is added for all credit card payments, for all payment other than registration fees.

Returned Checks

There is a \$25.00 fee for each returned check in addition to any late payment fee that may apply. Money orders or cash may be required for future payments.

DSS Absence Payments

If child(ren) miss(es) 3 days or more in a row you MUST have a doctor's excuse or you will be responsible for payment for time missed. This includes days off during break weeks - take the week off and you have to pay the going rate for the week if your child(ren) are signed up for care during that week.

You are also only allowed 4 absences per month without a doctor's excuse. Anything over 4 and you are responsible for that payment as well.

I understand I will be held personally responsible for child care payments not covered by my DSS contract and failure to pay will result in termination of child care services.

Child's Name: _____

Parent/Guardian Signature

Date of Signature



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Important Contacts

Youth Program Director: Ceara Creegan youthprograms@hope7.org
Executive Director: executivedirector@hope7.org

Name	Location	Phone
Ambulance		911
Samaritan Hospital	2215 Burdett Ave Troy, NY 12180	911 or 518-274-3000
Troy Police Department	55 State Street Troy, NY 12180	911 or 518-270-4411
Rensselaer County Sheriff's Dept.	400 Main Ave Troy, NY 12180	911 or 518-270-5252
Troy Fire Department	Troy, NY 12180	911 or 518-270-4471
Office of Children and Family Services	155 Washington Ave Albany, NY	1-800-732-5207
Child Abuse and Maltreatment Center		1-800-342-3720
Poison Control	Albany Medical Center	518-445-3152

In case of an emergency, 911 will be called



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Health Care and Emergency Medical Plan

Child's Name: _____

- Children must be provided child care within an environment which not only protects them from physical harm but also provides for their physical, intellectual, emotional and social development.
- There will be two people on staff with children during program who are certified in First Aid and CPR.
- Hope 7 can only administer emergency medicine (epi-pen, inhaler, Benadryl for allergic reactions). Any child with a known allergy will need to have the Individual Allergy and Anaphylaxis Emergency Plan (OCFS-6029) on file. A log will be kept of medicine used and you will be notified if medication has been administered.
- Each family of an accepted child for care shall be required to have medical records on file. Please list any known allergies, illnesses, or medication, regardless of the severity.
- Children who are ill and absent from school, must have alternative arrangements for after-school care for the duration of the illness.
- If a child becomes ill on site, they will be isolated from well children until they are picked up from the center.
- Monitoring of children for daily health problems will be done by staff members. Any concerns will be brought to the attention of the Program Director, who will notify the parents and seek emergency assistance if necessary.

I have read the Health Care Plan and Emergency Medical Treatment Plan and understand the procedures that will be followed in the event of an emergency. I understand that Hope 7 will NOT administer any medications except emergency medication with a form from my child's doctor.

Parent/Guardian Signature

Date of Signature



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Delegation of Medical Treatment Parent Consent

As the parent/guardian of _____, I hereby authorize a staff member of Hope 7 Community Center to grant consent to any physician deemed appropriate to conduct the required test and provide necessary treatment/care to the above named child, if I or my spouse cannot be reached.

Child's Date of Birth: _____

Date of last tetanus immunization: _____

Gender: _____

Medical Record

List all medical conditions (allergies, asthma, etc....):

List any medical restrictions:

List any medications:

Parent/Guardian Information

	Mother/Guardian	Father/Guardian
Home Address		
Home Phone Number		
Place of Employment		
Work Phone Number		

Hospital Preference: _____

Parent/Guardian Signature

Date of Signature

Authorization expires 12 months from signed date

******* YOUR ATTENTION PLEASE *******

Anything listed on the medical record has to be elaborated upon on the individual health care plan (following page). Please list each healthcare need with symptoms, triggers, accommodations, techniques, emergency medicine to be administered, etc....

Even if accommodations do not need to be made, you need to describe health care need and write “No Accommodations Needed.”

If emergency medicine is needed, you will need to provide the medicine and another form will need to be filled out.

