

**GREAT FUTURES START **HERE.****



**BOYS & GIRLS CLUB  
OF NEW ROCHELLE**

# 2024 SUMMER CAMP FAMILY HANDBOOK

Boys & Girls Club of New Rochelle

August E. Mascaro Clubhouse

79 Seventh Street

New Rochelle, NY 10801

Remington Clubhouse

1 Remington Place

New Rochelle, NY 10801

## Table of Contents

<b>Welcome Letter .....</b>	<b>3</b>
<b>About Our.....</b>	<b>4-6</b>
Mission	
Vision	
Logic Model	
Key Elements of Youth Development	
Core Enrichment Areas	
History	
<b>About the Club.....</b>	<b>7-8</b>
Membership	
Fees & Payment Policy	
Hours	
Age Appropriate Groups	
Snacks	
<b>Personal Belongings &amp; Dress Code .....</b>	<b>8-9</b>
Bring Your Own Device Acceptable Use Policy	
Phone Policy	
Dress Code	
<b>Code of Conduct &amp; Policies .....</b>	<b>9-10</b>
Code of Conduct	
Positive Behavior Management	
Conflict Management	
School Suspension & Attendance	
Zero Tolerance	
Open Access	
<b>Health &amp; Safety.....</b>	<b>10-12</b>
Special Needs Accommodations	
Sickness or Injury	
Medications	
Parental Notification	
Emergencies & Disaster Plan	
Mandated Reporting Duties & Policy	
Staff Ratios	
Sign-Out & Pick-Up	
Late Pickup	
<b>Additional Information .....</b>	<b>13</b>

## Welcome to the Boys & Girls Club of New Rochelle

Dear Parents & Guardians,

**On behalf of all staff**, welcome to Boys & Girls Clubs of New Rochelle, '*Where GREAT Futures Start Here.*'

Deciding what youth program to enroll your child in is a difficult one: Is it safe? What are Club hours? Is it a positive atmosphere where my child will thrive and be encouraged? Is it expensive?

We are honored that you have selected our organization to serve your child's needs.

Founded in 1929, Boys & Girls Clubs of New Rochelle (BGCNR) is a nationally recognized non-profit organization offering innovative and effective youth development programs. Our organization serves more than 3,200 members throughout Westchester County including New Rochelle, Larchmont/Mamaroneck and Ossining. BGCNR is a chartered affiliate of the Boys & Girls Clubs of America and utilizes a proven youth development strategy intended to nurture young people's self-confidence by instilling in them a sense of belonging, usefulness, influence and competence.

By providing neighborhood-based facilities designed specifically for youth and staffed with youth development professionals that care about your child's future, we offer programs and activities that develop the 21st century skills our kids need to be successful in school, a career and life: Critical Thinking, Creativity, Collaboration, Communication and Community.

The success of all youth depends upon a supportive network of influential adults. Our organization is committed to our mission to enable all young people, especially those who need us most, to reach their full potential as productive, caring and responsible citizens.

But we need your help. Without involved parents and family, our youth cannot benefit from a united community of caring adults. Be involved. Help us ensure a positive future for all **our** youth.

Thank you for entrusting our organization with the honor of providing them with a safe place to have fun, be themselves, learn, grow and achieve.

Sincerely,

**William Iannuzzi**

William Iannuzzi

Chief Programming Officer

## About our Organization

### OUR MISSION

To enable all young people, especially those who need us most, to reach their full potential as productive, caring and responsible citizens.

### OUR VISION

To provide a world-class Club experience that assures success is within reach of every young person who walks through our doors, with all members on track to graduate high school with a plan for the future, demonstrating good character and citizenship, and living a healthy lifestyle.

### OUR CORE VALUES

A Boys & Girls Club Provides:

A safe place to learn and grow...

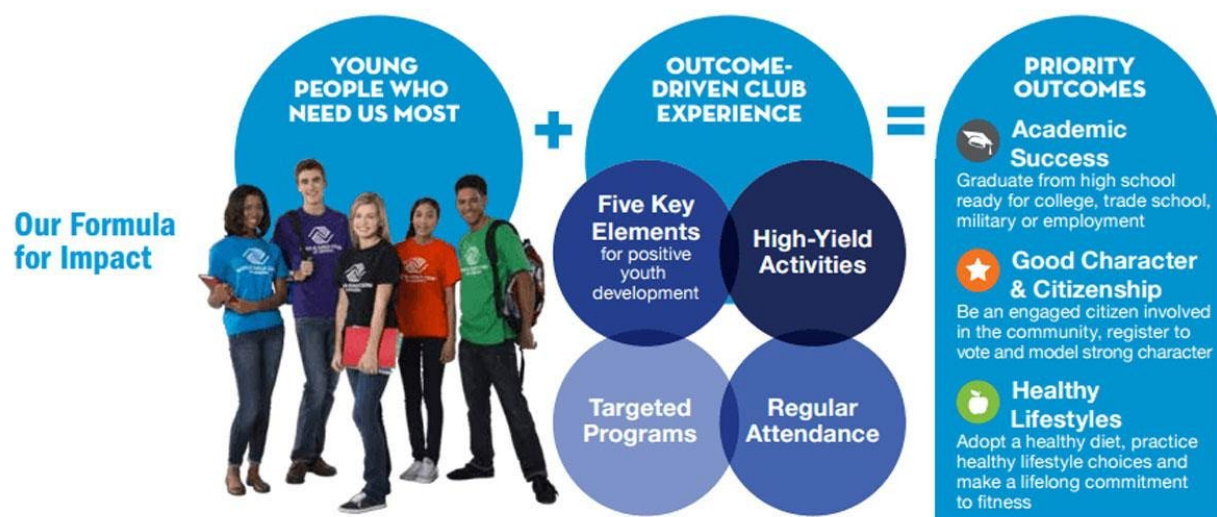
Ongoing relationships with caring, adult professionals...

Life-enhancing programs and character development experiences...

Hope and opportunity.

### OUR LOGIC MODEL

Formula for Impact is a research-based theory of change that describes how individual Clubs and the Movement as a whole can increase our impact – exponentially – on the young people of America. Our Formula begins with the young people in our Clubs. It calls for us to consistently provide the most powerful Club Experience possible. By implementing the Five Key Elements for Positive Youth Development, offering high-yield activities and targeted programs combined with regular and frequent attendance over time, young people are more likely to achieve positive outcomes



## 5 KEY ELEMENTS

Boys & Girls Clubs of New Rochelle believes in Five Key Elements for positive youth development that are essential to our mission. Youth must have:

- 1) A Safe, Positive Environment**  
*to Learn and Grow The Club is a safe haven where members feel physically and emotionally secure at all times.*
- 2) Fun**  
*Offer high-yield learning activities and programs that develop members' creativity, their critical thinking, communication, collaboration and computer literacy skills.*
- 3) Supportive Relationships**  
*The Club ensures that every young person feels connected to one or more adults and has friendships with peers.*
- 4) Opportunities and Expectations**  
*Club staff and programs consistently communicate the expectation that every child has the potential to excel, be productive and succeed at the Club, in school and in life.*
- 5) Recognition**  
*The Club takes every opportunity to recognize and validate Club members' achievements and accomplishments.*

Committed to our principles, we incorporate a youth development strategy that recognizes Four Elements that are critical for young people in an effective out-of-school environment:

- 1) Extended practice time with school-related skills and information**
- 2) An environment that provides continuity between home and school**
- 3) An environment that cultivates innate ability and stimulates independent learning**
- 4) An environment that values and honors academic success**

## CORE ENRICHMENT AREAS

BGCNR takes a holistic approach to creating well-rounded, confident, and healthy youth and aims to provide targeted programs and services that speak to all aspects of a child's development, assuring that members are 1) on track to graduate from high school with a plan for the future; 2) demonstrating good character and citizenship; and 3) living a healthy lifestyle.

To achieve these priority outcomes, programs are provided within the following Core Enrichment Areas that address the academic, cognitive growth and social-emotional needs of youth:

- **Character and Leadership Development** – programs that empower young people to support and influence their Club and community; identify and apply learning to everyday situations and develop values as pertains to civic, community and personal responsibility through group decision-making and collaborative projects.
- **Education and Career Development** – programs that enable youth to strengthen critical thinking and digital literacy skills; and deepen proficiencies in basic educational disciplines (English-language arts, math, science) enabling youth to set goals, explore careers and prepare them for postsecondary education and/or employment.

- **Arts and Cultural Enrichment** – programs that develop members’ creativity, awareness and appreciation of cultural diversity through the visual, written and performing arts; hands-on exploration of a variety of mediums emphasizing historical context and cultural significance.
- **Health and Life Skills** – programs that help young people resist alcohol, tobacco, drugs and early sexuality; develop members’ self-concept, interpersonal communication and conflict resolution abilities; set personal goals and live successfully as self-sufficient adults.
- **Sports, Fitness and Social Recreation** – programs that help members meet State physical fitness standards and address social-emotional development by building cooperation and team skills through structured activities.

#### **OUR HISTORY**

In 1929, the stock market crashed, the depression was beginning, and many families fell on hard times. Those most affected were the children of these families. With that the community decided to build the Boys' Club. The original meeting place was the old Washington School Building on Union Avenue. The Club’s progress has been marked by consistent efforts to meet the needs of our youth and the community at large. As the demands of the population increased, the Club expanded. The Remington Clubhouse began in a home on Winthrop Avenue

A portion of the existing building was ultimately built on Guion Place in 1953 as the result of the dedication and fundraising efforts of the Remington Women’s Auxiliary Club and the Remington Advisory Board. In 1972, through a matching grant from the Charles Hayden Foundation and a response from the City of New Rochelle, The Women’s Auxiliary and other community members made possible the addition of a gymnasium, game room, shower and locker room, and office to the existing building.

In the early 1940’s the Club opened the South Side Unit in the basement of the Old Jefferson School on Weyman Avenue. In 1983, the South Side Unit was moved to a new building at 50 Weyman Avenue and in 2006 consolidated with the A.E. Mascaro Unit. In 2001 the Respect Extension was opened at 570 Fifth Avenue at the MacLeay Apartment Complex, buildings owned by the New Rochelle Neighborhood Revitalization Corporation.

In 2004, the Boys & Girls Club of New Rochelle again expanded to meet the changing needs of the children and youth of New Rochelle by partnering with the Board of Education to provide after school programs as part of the 21st Century Program, a federally funded grant under the No Child Left Behind initiative, at the Isaac E. Young Middle School. In 2007, through another partnership with Iona College, the New Rochelle School District and other organizations in the community, a Youth Empowerment Program, RISE, was established to meet the needs of middle school children.

Over the years, thousands of kids from all races and creeds have come through the Boys & Girls Club programs and moved on to become responsible, successful adults and community minded citizens. Many members have volunteered at the Club and served on the board of directors. The longevity of the Club is the result of hard work and dedication by our Board of Directors, Staff and adult associations such as the Remington Men’s Club, Remington Women’s Auxiliary, and most notably, our volunteers. Today, the Boys & Girls Club of New Rochelle serves approximately 8,000 members a year.

## About The Club

### **ELIGIBILITY & ENROLLMENT PROCESS**

Summer Camp Membership at Boys & Girls Clubs of New Rochelle is open to all youth ages 5-18. The process for enrollment is first come, first served--and subject to availability. If the site has reached membership capacity, parents/guardians may elect to add their child to our waitlist—that is also first come, first served. A completed application and weekly fee is required for each member.

### **FEES & PAYMENT POLICY**

The weekly fee for Summer Camp is \$300 per week. A deposit is required at the time of registration and an option for a payment plan is available.

All program refunds require advanced notice, credits are not issued for sickness or missed sessions, as we staff based on enrollment. Our capacity is limited, if your plans change, please advise us as quickly as possible.

Payment installment plans are offered for your convenience, however, missing and past due payments, will result in cancellation of your child's registration.

### **SCHOLARSHIPS**

Scholarships are given out based on need. After you submit our scholarship committee will review and make a determination by June 15th. We usually do not give more than 2 weeks per child and require parents match the amount of scholarship we give out. So if you receive \$600 of scholarship money that covers 2 weeks, we require the parent to sign their child up for an additional 2 weeks. Current members are prioritized for scholarships. Deposits must be made and enrolled in a payment plan while we wait for scholarship determination.

### **DSS CHILDCARE SUBSIDY**

We also accept the Westchester County Department of Social Services Childcare Subsidy. If you are applying for the DSS Childcare Subsidy please contact Mary Rivera at [mriviera@bgcnr.org](mailto:mriviera@bgcnr.org) to sign the paperwork associated with that. See the forms page for the correct form that needs to be filled out and returned.

### **HOURS**

Summer Camp hours are 8am-6pm.

### **SPECIAL ACCOMMODATIONS**

Those youth that require special accommodation (e.g. I.E.P., a diagnosed behavioral condition, developmental delay or disability) must submit a completed Special Accommodations Form along with their membership application. A one-to-one meeting with the Site/Unit Director will be arranged to discuss/determine eligibility. Eligibility criteria for enrollment are as follows:

- He/she uses the toilet or urinal like same age/gender peers
- He/she changes his/her volume depending upon the requirements of the setting (i.e. loud in gym, quiet in study room) like same age/gender peers

- He/she moves at the same speed as same age/gender peers
- He/she is willing to try new activities like same age/gender peers
- During play, he/she follows rules (stated and implied) like same age/gender peers
- He/she responds to communication of others like same age/gender peers
- He/she engages in a range of conversational topics with other children and adults like same age/gender peers
- He/she maintains his/her role in turn-taking activities like other same age/gender peers
- He/she follows routines and directions like same age/gender peers
- He/she is as emotionally regulated as same age/gender peers
- He/she manages transitions like same age/gender peers
- He/she initiates interactions with others like other same age/gender peers

There are also several OCFS Health Forms that need to be filled out that you can find at the end of the handbook including:

- OCFS-LDSS-7006- Individual Healthcare Plan for a Child with Special Health Care Needs

#### **AGE APPROPRIATE GROUPS**

Youth 5 – 18 years old can attend our Clubs. In order for the Club to run a successful program, each child will be placed into a group according to their age and possibly their gender. Each group will be assigned leader(s), with each group rotating according to a predetermined schedule.

#### **Lunch & SNACKS**

During Summer Camp we provide lunch and a daily afternoon snack that is portioned appropriately and follows the “My Plate” guidelines. Your child is also permitted to bring their own lunch & snack if he/she chooses. **Please make sure that any allergies or intolerances to foods are listed in the appropriate section on the membership application.** We are also encouraging each member to bring his/her own refillable water bottle.

#### **PERSONAL BELONGINGS & DRESS CODE**

BGCNR is not responsible for lost, stolen or damaged belongings.

#### **BRING YOUR OWN DEVICE ACCEPTABLE USE POLICY**

BGCNR has adopted a Bring Your Own Device (BYOD) policy for its Clubs.

This policy will allow members to bring many of their own technology devices – including laptops, tablets and/or smartphones – to the Club *only* for educational use in our facilities and at the direction and supervision of staff. However, members are never required to bring their personal technology to the Club. All members will be able to continue to use our Club technology equipment, and no member will be left out of a program experience because they do not have a personal device.

If you have questions about the BYOD policy or would prefer your child not participate, please contact your Site/Unit Director.



***Inappropriate use of technology will result in devices being confiscated and returned to the parent at the end of the day.***

**PHONE POLICY**

The Club phone is a business phone. Members are permitted to use the phone only to place emergency calls at the discretion of the Site/Unit Director.

**DRESS CODE**

While at the Club, members participate in a variety of activities that include running, jumping, Painting, etc. Please send your child to the Club in washable, comfortable clothing that is okay for them to get dirty. Shoes should be safe and sturdy for running and climbing. **For their safety, please do not allow your child to wear flip flops, sandals, boots or shoes with heels or slick soles (dress/casual shoes).**

Clothing/accessories which feature obscene, suggestive or insulting words/pictures or feature violence, weapons, gang-affiliation and substances illegal to juveniles (e.g. alcohol, tobacco, drugs) are prohibited. Tank tops with low cut underarms or 'spaghetti straps' are prohibited. Shorts may be worn provided they are appropriate length (when arms extend downside of body, length of shorts should be no shorter than where fingertips reach). 'Sagging' is prohibited. Shirts must be at least waist length – no crop tops. Hats, caps, beanies or bandanas may not be worn.

Parents will be contacted to bring clothes immediately if the child does not have a change available when needed or when there has been soiling.

**This expectation also applies to parents/guardians or guests who attend BGCNR functions.**

**Code of Conduct & Policies**

**CODE OF CONDUCT**

In order to promote your child's physical, intellectual, emotional, and social well-being and growth, BGCNR members will be expected to follow the BGC Code of Conduct:

- Have Fun!
- Respect yourself
- Play fairly and be honest
- Applaud the efforts of others
- Avoid inappropriate language
- Dress appropriately at all times
- Running is reserved for athletics
- Say only good things about others

Be respectful of Boys & Girls Clubs staff  
Resolve disagreements in a positive way  
Listen during appropriate times and assemblies  
Be respectful of other members and their property  
Participate only in activity areas open to your assigned group  
Take care of your Boys & Girls Clubs facilities, grounds and equipment  
Tobacco, drugs, alcohol, weapons & gang colors/logos/gestures are prohibited

#### **BEHAVIOR POLICY**

Boys & Girls Clubs of New Rochelle handles behavioral problems on an individual basis. It is the responsibility of parents/guardians to let us know if members have developmental delays so that we have information to better understand behavior.

#### **POSITIVE BEHAVIOR MANAGEMENT**

Staff shall use only positive age-appropriate methods of discipline and guidance of children which encourage self-control, self-discipline, self-respect and cooperation. At no time will staff members use corporal punishment as a means of discipline. Staff members will model positive behavior management techniques and respectful communication. When a discipline issue presents itself, we initiate the following: redirection, verbal warning, time 'in' and/or disciplinary write-ups. During this process the child is encouraged to understand that his/her behavior is important for a successful, safe and fun program. When these tactics are not successful, a staff person will discuss the issue with the child's legal guardian/parent. Inappropriate behaviors such as hitting, fighting, stealing, vandalism, disrespect to staff or other members, not following directions or leaving the facility without permission will not be tolerated and may result in automatic suspension. When a child's behavior risks safety to themselves or others, a parent/guardian will be called and asked to pick up their child immediately. This behavior can automatically result in removal from the program.

Suspensions may follow this process:

- If a child is written up, he/she may lose Club privileges or be suspended one (1) or more days.
- If a child is suspended a second time, it may result in a 3-5 day suspension.
- If a child is suspended a third time, it may result in removal from the program.
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***Under extreme circumstances (i.e. intentional injury to another child or staff), the Director has the discretion to remove a child immediately without advance notice. (See Zero Tolerance Policy)***

#### **ZERO TOLERANCE POLICY**

The safety of our members is our primary concern and therefore we have no tolerance for fighting, bullying, harassment or damage to property. If a child acts out in an aggressive manner with the intent of harming another child/staff member or causing damage to property, he/she may be suspended or removed from the program.

#### **OPEN ACCESS POLICY**

Boys & Girls Clubs of New Rochelle reserves the right to search all persons and carry-in items such as backpacks and gym bags. Any person who refuses to submit to such a search will not be allowed admission into the Clubs.

*These guidelines apply to members, as well as parent(s), guardian(s) and any other person who comes in to a BGCNR site. Failure to comply with these regulations may result in a ban from Club facilities and functions.*

## Health & Safety

### **SPECIAL ACCOMMODATIONS**

If your child requires special accommodation (e.g. I.E.P., a diagnosed behavioral condition, developmental delay or disability), please see the Site/Unit Director and request a Special Accommodation Form. This form must be completed and submitted to the Site/Unit Director at time of enrollment and must be completed prior to program start.

### **SICKNESS OR INJURY**

Parents/guardians agree to inform BGCNR within 24 hours or the next business day of a child or any member of the immediate household developing a communicable disease. Life threatening diseases must be reported immediately.

If a child has a fever of over 100-degrees, or has a communicable disease (including head lice), he or she will not be permitted to attend the Boys & Girls Clubs of New Rochelle that day and/or for the duration of such persistent conditions. A parent or guardian will be notified to immediately pick-up their child.

**If notified of a child's illness, a parent or an authorized contact person must sign out the child as soon as possible or risk loss of membership.**

In case of an accident or injury, BGCNR Staff are trained in basic first aid and CPR. The local emergency responders will be called for serious injuries. A parent will be notified promptly, and the child will be transported to the nearest hospital. In the membership application, parents/guardians authorize BGCNR to obtain immediate medical care if an emergency occurs. Parents/guardians are responsible for medical costs that may be incurred in cases of emergency.

### **MEDICATIONS**

Policy prohibits staff members from administering prescription or over-the-counter medications of any kind. This includes skin cream, sunscreen and insect repellent. If your child requires emergency medication, such as an inhaler or EpiPen, you are required to provide the medicine in its original packaging and complete a Boys & Girls Clubs medical form. All emergency medications are locked in a storage cabinet at your child's site. If a situation arises that your child should need emergency medication, BGCNR staff will then allow him/her access to their emergency medication and allow him/her to administer the medication themselves.

**BGCNR staff will not administer medication to a child unless your child is unable to physically administer the medication (e.g. a severe asthma attack or anaphylactic shock). Medicines that are out of date or not clearly labeled in their original container will not be permitted.**

**See the forms at the end of the packet that need to be filled out:**

- Camper Physical (must not be older than 8/23/2023) with list of immunizations attached (All Campers)
- Medication Consent Form (Benadryl, Epi-pens, and inhalers)
- INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY PLAN & ACTION CARD (Any camper with an allergy.)

### **PARENTAL NOTIFICATION**

It is very important that we have up-to-date contact information for parents/guardians and emergency contacts. If your phone number or address changes, you are required to notify us as soon as possible. The phone numbers provided on the application are the only form of contact we have for notifying parents in case of an accident or emergency, so please make sure staff have accurate contact information.

### **EMERGENCIES AND DISASTER PLAN**

In the event of a fire, natural disaster, or man-made disaster, staff will evacuate all children using the posted exit routes to our evacuation location, Columbus Elementary School. The appropriate authorities as well as parents and/or guardians will be contacted. Should parents and/or guardians be unavailable, those listed as a *Secondary or Other Emergency Contact* (as provided on the membership application) will be called. A written copy of the Emergency Preparedness Plan is posted at each site. Please see the Director to request a copy.

### **MANDATED REPORTING DUTIES & POLICY**

We are required by law to report suspicion of child abuse or neglect to the Child Protective Services unit of the Department of Social Services.

### **STAFF RATIOS**

Boys & Girls Clubs of New Rochelle is a licensed Summer Camp through the Westchester County Health Department.

Trained, qualified youth development professionals run our programs and supervise Club members. We follow state guidelines for ratios with one (1) program leader for every twelve (12) children.

### **SIGN OUT & PICK UP**

At the end of each day, all members must be picked up and signed out by their parent/guardian or an authorized adult (18 years or older) on their list of contacts as indicated by the parent/guardian on their child's completed membership application.\* Parents/guardians can add or delete authorized adults to their child's list of contacts. Please see Staff if there are persons to be added to your list of contacts. Please be advised that your child will not be released to any persons who are not listed as an authorized adult.

If there are person(s) for whom you wish not to allow contact with your child, please see our membership application to complete the appropriate field. In addition, you are required to provide legal documentation to support prohibitive contact.

If you or an authorized adult cannot pick-up your child and arrangements must be made with an adult who is not authorized, please notify Staff immediately to give permission for your child's release into their care. Please provide a first and last name of the adult who will be picking up your child. Please, inform them that will be required to present Staff with a valid photo identification card for verification.

To ensure your child's safety, **Boys & Girls Clubs of New Rochelle reserves the right to request picture identification** (e.g. driver's license, passport, student identification card, etc.) **from any parent/guardian or other representative whom is requesting release of a child into their custody.**

**LATE PICK-UP**

If you are running late please, contact the Club. There will be a 10-minute grace period before Late fees of \$1 per minute are charged. If a member is left at the Club sixty (60) minutes past the posted closing time, Boys & Girls Clubs of New Rochelle reserves the right to contact authorities to pick up member at the parent's/guardian's expense.

<b>Additional Information</b>
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**YOUR ROLE AS PARENT OR GUARDIAN**

Our staff understands the importance of parental involvement as critical to your child's positive development. Children learn best when parents are involved in their child's school and their after school program. Our role as staff is to teach good moral values and trustworthiness while instilling a desire for community outreach, responsibility and professional success. Our hope is that the guidance we provide is merely a reinforcement of what is already being taught at home.

The success of any after school program can only be achieved through consistent staff-parent communication. Sharing observations, concerns, accomplishments and progress on a regular basis with parents or guardians promotes and reinforces the importance that all influencing adults have on their child's development; that their child's success in life can only be determined by an ever-increasing level of involvement.

**WHERE TO SEEK HELP OR ASSISTANCE**

If you have concerns regarding any matter directly related to a situation that occurred while your child was in our care, it is essential that you speak first to the Club's Director. If you believe your concern is not resolved after a discussion with the Site/Unit Director, you should then request to discuss this concern with the Chief Programming Officer. If you still believe your concern is not resolved, you should discuss the concern with the Chief Executive Officer.

**PARENT RESOURCES**

Club Newsletters/Calendars are provided on a monthly/weekly basis. This informs parents/guardians of any upcoming events, programs, electives, reminders and parenting information. Please take the time to read our Club Newsletter and stay informed.

# Family Handbook Parental Acknowledgement

Please sign below attesting that you have read, understand and agree to the policies outlined in the family handbook above.

Parents Name: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Date: \_\_\_\_\_



## **BGCNR Summer Camp: Frequently Asked Questions**

For more information, please email BGCNR Director of Clubhouses Will Iannuzzi at [wiannuzzi@bgcnr.org](mailto:wiannuzzi@bgcnr.org) or call 914-235-3736.



### **What information is required and what forms need to be completed before my child can attend camp?**

Immunization information, especially for measles, and a copy of your child's Covid vaccine card must be provided at least two weeks prior to the start of camp. No child may attend camp without being vaccinated for measles. Permissions slips for all activities and a permission slip for sunscreen must also be completed before camp begins.

### **When shall I pick up my child's camp t-shirt?**

T-shirts will be distributed during the first day of camp.

### **When should my child wear his/her camp t-shirt?**

Camp t-shirts must be worn on field trip days.

### **What should my child bring to camp each day?**

Campers should bring a water bottle, closed-toe shoes, and sunscreen. They also should bring a lunch if they do not want to eat the meal provided. Remember to label **EVERYTHING** with your child's name.

### **What are the earliest drop off and latest pick up times? Is early drop off/early pick up ok?**

Camp hours are 8:00 am through 6:00 pm. We do not offer an early morning drop-off option; our doors do not open until 8:00 am. Early pick up is OK.



## **Can someone other than a parent/guardian/listed contact pick up my child (say, another camper's parent who is carpooling)?**

We require written notification in advance about alternate pick up plans. Please email the name of the individual and his/her relationship to your child as soon as possible to Will Iannuzzi at [wiannuzzi@bgcnr.org](mailto:wiannuzzi@bgcnr.org). We'll check ID when the person arrives before signing out your child.

## **How can I get in touch with camp staff during the day?**

A BGCNR staff member is always present at our front desk and can be reached by calling 914-235-3736. For less urgent matters, parents/caregivers also may email Will Iannuzzi at [wiannuzzi@bgcnr.org](mailto:wiannuzzi@bgcnr.org) and a member of our staff will respond as soon as possible.

## **Is there one counselor who is responsible for each group of campers?**

Camp activities are managed by two assistant directors (one for ages 6 to 9 and the other for ages 10 to 14), and each group is lead by four counselors who share responsibility for all campers in their respective groups. In the event we need to get in touch with you during the camp day, the assistant director for your child's age group will call using contact information provided.

## **Where are my child's belongings stored during the day?**

We provide designated areas in our game room for campers to store their backpacks/belongings while participating in daily activities. Please pack an ice pack in your child's lunch bag if food needs to remain cool. BGCNR is not responsible for any lost items.

## **Is there a lost and found?**

There are two boxes near the front doors that contain all misplaced items. BGCNR is not responsible for lost articles; we recommend labeling all your child's belongings.

## **Is there an email distribution list for notices, reminders, etc.?**

Yes. Each week, our director will distribute an email to parents/caregivers that includes information on activities and trips planned for the coming week.

## **Will activities be moved indoors if there is a heat advisory?**

Our campers have access to two outdoor areas - Feeney Park and the Columbus School field. In the event of a heat advisory, we will move campers indoors where air conditioning is available.





### **Does sunscreen get reapplied during the day?**

We do not provide sunscreen to campers as it is considered a medication and some children may be allergic to ingredient(s) in certain sunscreens. We also do not apply sunscreen on campers; each camper must bring his or her own sunscreen and reapply as needed. We encourage all campers to wear hats and shirts to protect them from sun exposure. This is especially important if your child has sun sensitivities.

### **How many trained first-aid staff are with kids during camp activities?**

All BGCNR staff members are required to have basic first aid and CPR training. Three staff members are trained in advanced first aid, and several also are lifeguard trained. In the event of serious injury or illness, we will call 911 and immediately alert the parent/caregiver.

### **Where are the medical/first aid room and AED located?**

Our medical/first aid room is located right outside our director's office and is equipped with medical supplies, ice, and an AED device.

### **What is the procedure for notifying parents about an emergency?**

Our assistant directors keep a child directory with all parent/caregiver contact information, which can be accessed at all times.

### **May I store my child's prescription medication at the BGCNR office for the duration of camp? Where is medication kept?**

No. Medications such as EpiPens and inhalers should be sent in daily and will be kept in your child's group medical bag, which is carried by a counselor at all times. We ask that your camper provide the medication to his/her counselor each morning to ensure ready access during the day. For children with severe allergies, we also require an allergy action plan, which may be obtained from your pediatrician.

### **In the event of a life-threatening emergency, such as when an EpiPen is used, what is the procedure to obtain medical help and notify parents/caregivers?**

The EpiPen or first aid is immediately administered, EMS is called, and then parents/caregivers are contacted.



### **Do you provide over-the-counter medication such as Advil, Tylenol, etc?**

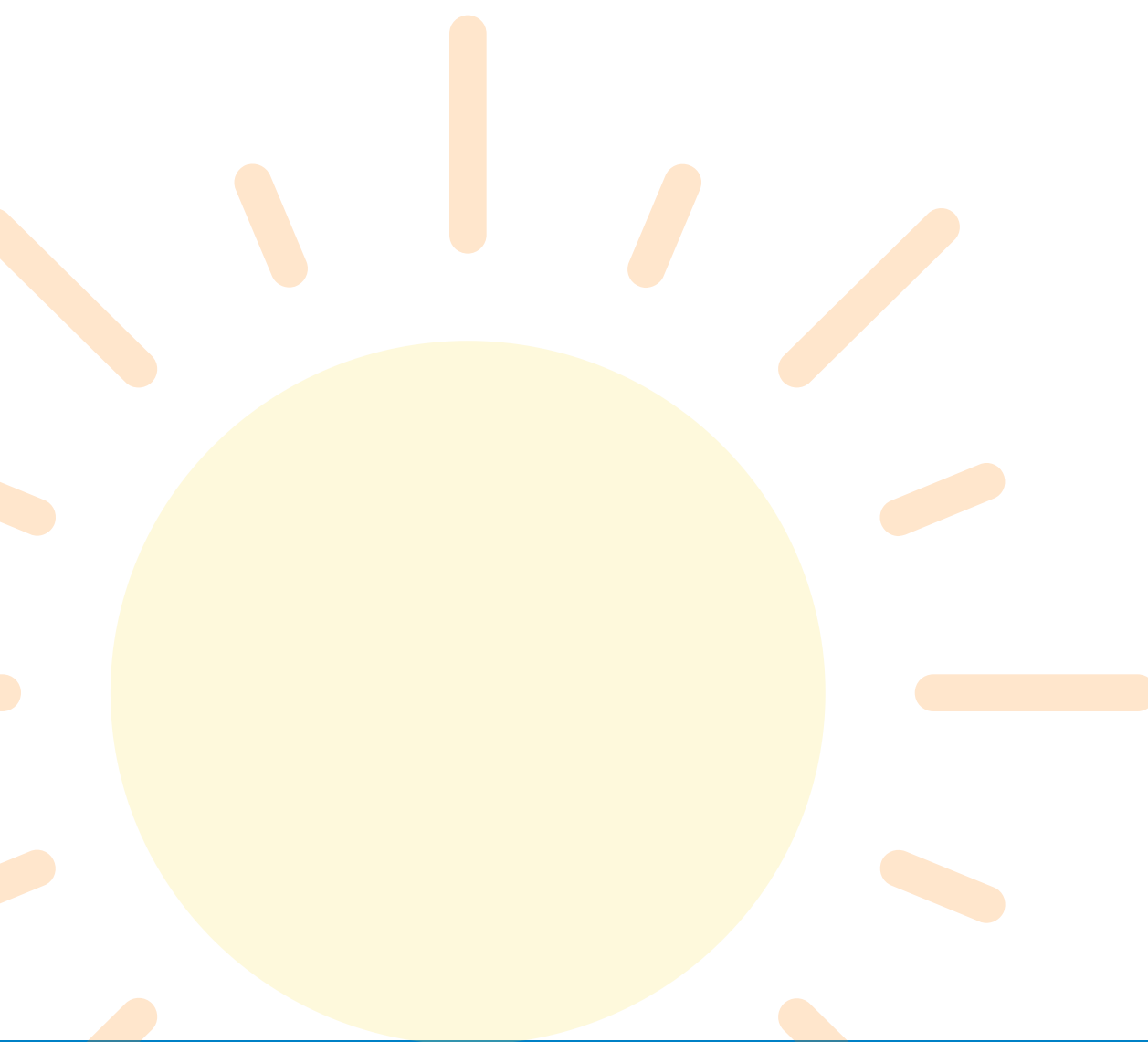
We do not administer any form of over-the-counter medication.

### **What is the typical attire for water activities during camp?**

Campers are required to have appropriate swimsuits and towels. We also recommend water shoes, a plastic bag to hold any wet items, and a change of clothes.

### **Who do I contact if my child doesn't want to participate in water activities?**

Please inform an assistant director when dropping off your camper or email Will Iannuzzi at [wiannuzzi@bgcnr.org](mailto:wiannuzzi@bgcnr.org).





**BOYS & GIRLS CLUB**  
of New Rochelle

[bgcncr.org](http://bgcncr.org)

## A Day In The Life Of A BGCNR Camper

Rain or shine, BGCNR Summer Camp has plenty of fun in store for your child! Campers enjoy structured days packed with many engaging activities.



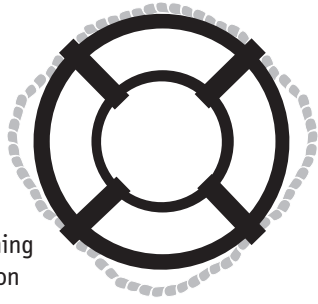
### DAILY SCHEDULE

<b>8:00 - 9:15 am</b>	<b>Drop Off and Pre-Camp Activities</b>	Campers are checked in at front desk and brought to play stations throughout the building
<b>9:15 - 9:30 am</b>	<b>Daily Kick Off</b>	Directors, counselors, and campers meet to review activities planned for the day
<b>9:30 am - 4:00 pm</b>	<b>Block Scheduling</b>	Campers enjoy dedicated BGCA programming including: Summer Brain Gain, art classes, STEM activities, sports, team-building exercises, outdoor play, and performing arts sessions. Campers age 6 to 9 will have lunch from 11:45 am - 12:30 pm; campers aged 10 to 14 have lunch from 12:30 to 1:00 pm. Campers may bring their own meals or lunch will be provided to them.
<b>4:00 - 4:45 pm</b>	<b>Snack Time</b>	Snacks are provided to all campers from 4:00 to 4:30 pm.
<b>4:45- 6:00 pm</b>	<b>Drop Off and Pre-Camp Activities</b>	Campers await pickup while at designated play stations. Parents check in at front desk and sign out their children; children are paged and asked to come to the game room for dismissal.

## Camp Safety

### Are the camp facilities and activities safe?

The camp operator must develop a written plan to include maintenance of facilities, provisions for training staff members and orientation of campers, supervision of campers, campsite hazards, emergency procedures and drills, safety procedures and equipment for program activities.



## Swimming

### Are waterfront personnel qualified?

### Are campers always supervised while in the water?

All waterfront activities at camps in New York State must be supervised by an experienced certified lifeguard or water safety instructor. On site, one qualified lifeguard is required for every 25 bathers. All aquatic staff are required to be trained in cardiopulmonary resuscitation (CPR).

Camps that use off-site pools or beaches operated by others must make special arrangements to provide a safe activity. Even off site, the camp remains responsible for supervising campers.

Some children's camps use sites for swimming that are not inspected by local health departments. Parental permission is required in these instances, and the camp must follow established guidelines to protect campers.

While campers are involved in aquatic activities on site, there must be one counselor for every 10 campers eight years or older; there must be one counselor for every eight children aged six and seven; and one counselor for every six children younger than six years old.

When swimming off-site, there must be one counselor for every eight campers six years or older and one counselor for every six campers younger than six years.



**Are bathing areas marked off for various swimming skills? Are campers tested to determine their level of swimming ability before participating in aquatic activities? Are nonswimmers kept in water less than chest deep? Is the buddy system used? Are campers required to wear life preservers when boating or canoeing?**

New York State regulation requires that the answers to all these questions must be "yes."

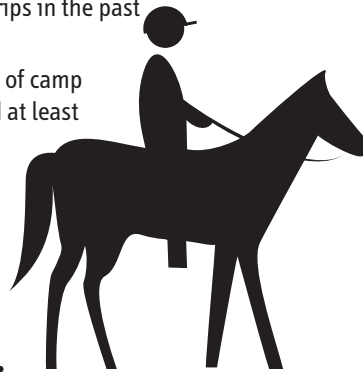
## Camp Trips

**Are camp trips supervised by counselors who have the maturity and experience to make decisions that could affect the safety of campers?**

All trips must be supervised by a trip leader who is at least 18 years old and competent in the activity. Counselors must accompany trips and all staff must review the safety plan prior to the trip.

Counselors should have the skills and expertise in the camp activity (canoeing, rock-climbing, etc.) to handle any emergency that might arise. Ask whether the camp has conducted similar trips in the past without incident.

In New York State, the drivers of camp vehicles must be licensed and at least 18-years-old. Seat belts must be worn when provided and vehicle capacities not exceeded. When transporting children in a truck, only a truck cab can be used.



## Sports and Activities

**How are activities in craft shops supervised, especially when campers are using dangerous tools, such as power saws and lathes? Are archery and rifle ranges at a safe distance from activity centers? Are spectators protected at baseball fields and similar areas? Do players wear protective equipment?**

State regulation requires that archery, riflery and horseback riding be supervised by counselors with special training in those activities.

## Fire Safety

**Are there periodic fire drills for both campers and staff? Does each floor of every building have fire exits in two different locations? Are flammable materials (gasoline, pool chemicals, etc.) stored away from activity centers and kept under lock and key? Are functioning smoke detectors located in every sleeping room?**

All of the above are mandatory in New York State.



## Location and Facilities

**Are barriers erected against such natural hazards as cliffs and swamps? Are foot trails located away from such dangerous areas and from heavily traveled roads and highways? Do the camp facilities (bunks, bathrooms, mess hall, recreation facilities) meet your aesthetic tastes and those of your child? Is the camp located in an area that will not aggravate your child's allergies? Will your child be required to perform chores, such as cleaning or cooking?**

For information on the camp's location and facilities, visit the camp or interview the camp operator by telephone, prior to making a decision to enroll your child at the camp.

## Nutrition

**Are good health practices observed in the camp kitchens, dining areas and food services? Does the camp serve food your child likes?**

At camps in New York State, food must be prepared from inspected sources. Food preparation and handling activities are reviewed to assure safe and sanitary practices. Kitchen employees must be healthy and follow hygienic practices. Potentially hazardous food must be maintained below 45°F or above 140°F.



## Rights and Responsibilities

The regulatory program of the New York State Department of Health places specific responsibilities on camp operators, and on local health departments that enforce department regulations. Following is a summary of rights and responsibilities:

### Rights of Parents and Guardians

- To be informed by the camp director, or his or her designee, of any incident involving your child, including serious injury, illness or abuse.
- To review inspection and investigation reports for a camp, which are maintained by the local health department issuing the camp a permit to operate (present and past reports are available).
- To review the required written camp plans. These are on file at both the camp and the health department issuing the permit to operate.

### Responsibilities of the Camp Operator

- To inform you and the local health department if your child is involved in any serious injury, illness or abuse incident.
- To screen the background and qualifications of all staff.
- To train staff about their duties.
- To provide supervision for all campers 24 hours a day at overnight camps, and during hours of operation for day camps.
- To maintain all camp physical facilities in a safe and sanitary condition.
- To provide safe and wholesome meals.
- To have and follow required written plans for camp safety, health and fire safety.
- To notify the parent or guardian, with the enrollment application or enrollment contract, that:
  - the camp must have a permit to operate from the New York State Department of Health or the designated permit-issuing official;

- the camp is required to be inspected twice yearly; and
- the inspection reports and required plans are filed (address of state, county or city health department) and available for their review.

### Responsibilities of Local Health Departments

- To review and approve the required written camp plans for compliance.
- To inspect camps to assure that: (1) all physical facilities are properly operated and maintained; and (2) adequate supervision exists to provide a healthy and safe environment in accordance with the New York State Sanitary Code.
- To issue a permit to operate when the required plans and inspection results are satisfactory.
- To investigate reports of serious incidents of injury, illness and all allegations of abuse or maltreatment.
- When requested, to provide parents or guardians of prospective campers an opportunity to review inspection reports and required plans.

The time and effort spent in selecting the camp your youngster will attend is important. Keep in touch, especially if it is your child's first camp experience. If possible, visit the camp before and during the camping season.

### Information

For further information about New York State health laws relating to summer camps, call the State Health Department's Bureau of Community Environmental Health and Food Protection in Troy at 1-(800) 458-1158, ext. 27600.



# Children's Camps in New York State



In New York State, summer camps must have a state, city or county health department permit to operate legally. These permits are issued only if the camp is in compliance with the state's health regulations. The permit to operate must be displayed in a conspicuous place on the premises.

The camp must be inspected twice yearly by a health department representative. At least one inspection must be made during the time the camp is in operation. Each camp is checked to make sure that the physical facilities are safe and that supervision is adequate.

When choosing a summer camp for your child, consider the following:

### Staff Credentials/Supervision

#### What are the qualifications of the camp director?

The New York State Health Code requires that the director of an overnight camp be at least 25-years-old or hold a bachelor's degree; a day camp director must be at least 21-years-old.

All directors must have experience in camping administration or supervision. Camp directors' backgrounds are screened by the Office of Children and Family Services Central Register Database for reported incidents of child abuse and maltreatment. Their backgrounds are also screened by the Health Department for criminal convictions. Only individuals who are considered to pose no risk to campers are accepted by the Health Department as camp directors.

#### What are the qualifications of the camp counselors and how are campers supervised?

Counselors must have experience in camping and supervision of children or have completed an acceptable training course. Stringent counselor-to-camper ratios and staff qualifications are mandated for supervision of swimming, archery, riflery and camp trip activities.

At overnight camps, 80 percent of the camps' counselors must be at least 18-years-old; up to 20 percent may be 17-years-old. There must be at least one counselor for every 10 children aged eight years or older, and one

counselor for every eight children younger than eight years old.

At day camps, counselors must be 16 years of age or older. There must be a minimum of one counselor for every 12 children.

Camps that must provide at least 10 counselors may choose to use counselors-in-training (CITs) to meet 10 percent of the required number of counselors. These CITs must be at least 16 years of age at an overnight camp and 15 years of age at a day camp. They must work with senior staff, have had previous experience as a camper and complete a training program. Ask the camp operator if any of their counselors are CITs and how they are used to supervise campers.

**Ask about the camp's staff and supervision procedures, including discipline policies. Do they meet your expectations?**

### Health

**Ask about medical coverage and when you will be notified if your child becomes ill or injured. Is a doctor or nurse in residence or on call for campers at all times?**

Physicians or nursing services must be available. All summer camps in New York State are required to have a health director and a written medical plan approved by the Health Department. The written plan must include, among other things, provisions for medical, nursing and first aid services. Injuries and illnesses must be reported to the Health Department and are thoroughly reviewed.

#### Does the camp require medical records for campers?

Camps must keep current medical history reports on file for all campers. Be sure to detail your child's history of immunization, illness, disability or allergy. Specify special diets and activity restrictions. Provide instruction for any medication your child must take.



**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**

**TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

**STUDENT INFORMATION**

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

**HEALTH HISTORY**

<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Anaphylaxis Care Plan Attached <input type="checkbox"/> Environmental
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<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	<input type="checkbox"/> Asthma Care Plan Attached
--	--	--

<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type: _____	<input type="checkbox"/> Seizure Care Plan Attached Date of last seizure: _____
--	--	--

<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
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**Risk Factors for Diabetes or Pre-Diabetes:**  
*Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.*

**BMI** \_\_\_\_\_ kg/m2 **Percentile (Weight Status Category):**  <5<sup>th</sup>  5<sup>th</sup>-49<sup>th</sup>  50<sup>th</sup>-84<sup>th</sup>  85<sup>th</sup>-94<sup>th</sup>  95<sup>th</sup>-98<sup>th</sup>  99<sup>th</sup> and >

**Hyperlipidemia:**  No  Yes      **Hypertension:**  No  Yes

**PHYSICAL EXAMINATION/ASSESSMENT**

Height:	Weight:	BP:	Pulse:	Respirations:
<b>TESTS</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Other Pertinent Medical Concerns</b>
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
<b>Lead Level Required Grades Pre- K &amp; K</b>		<b>Date</b>		<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 10$ $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

**System Review and Exam Entirely Normal**

**Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities**

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name:	DOB:
-------	------

**SCREENINGS**

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis	Negative	Positive	Referral	
Required for boys grade 9 And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			

**Recommendations:**

**RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK**

**Full Activity** without restrictions including Physical Education and Athletics.

**Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

**No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling

**No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field

**Other Restrictions:**

**Developmental Stage for Athletic Placement Process ONLY**  
 Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports  
 Student is at **Tanner Stage:**  I  II  III  IV  V

**Accommodations:** Use additional space below to explain

<input type="checkbox"/> Brace*/Orthotic	<input type="checkbox"/> Colostomy Appliance*	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*	<input type="checkbox"/> Medical/Prosthetic Device*	<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment	<input type="checkbox"/> Sport Safety Goggles	<input type="checkbox"/> Other:

\*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: \_\_\_\_\_

**MEDICATIONS**

**Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

**IMMUNIZATIONS**

Record Attached  Reported in NYSIIS Received Today:  Yes  No

**HEALTH CARE PROVIDER**

Medical Provider Signature:	<b>Date:</b>
Provider Name: <i>(please print)</i>	Stamp:
Provider Address:	
Phone:	
Fax:	

**Please Return This Form To Your Child’s School When Entirely Completed.**

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**MEDICATION CONSENT FORM**  
**CHILD DAY CARE PROGRAMS**

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

**LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).**

1. Child's First and Last Name: _____	2. Date of Birth: _____ / /	3. Child's Known Allergies: _____
4. Name of Medication ( <i>including strength</i> ): _____	5. Amount/Dosage to be Given: _____	6. Route of Administration: _____
7A. Frequency to be administered: _____		
<b>OR</b>		
7B. Identify the symptoms that will necessitate administration of medication: ( <i>signs and symptoms must be observable and, when possible, measurable parameters</i> ): _____		
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects ( <i>parent must supply</i> )		
<b>AND/OR</b>		
8B. Additional side effects: _____		
9. What action should the child care provider take if side effects are noted:		
<input type="checkbox"/> Contact parent <input type="checkbox"/> Contact health care provider at phone number provided below		
<input type="checkbox"/> Other ( <i>describe</i> ): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions ( <i>parent must supply</i> )		
<b>AND/OR</b>		
10B. Additional special instructions: ( <i>Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situation's when medication should not be administered.</i> ) _____		
11. Reason for medication ( <i>unless confidential by law</i> ): _____		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally?		
<input type="checkbox"/> No <input type="checkbox"/> Yes   If you checked yes, complete (#33 and #35) on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?		
<input type="checkbox"/> No <input type="checkbox"/> Yes   If you checked yes, complete (#34 -#35) on the back of this form.		
14. Date Health Care Provider Authorized: _____ / /	15. Date to be Discontinued or Length of Time in Days to be Given: _____ / /	
16. Licensed Authorized Prescriber's Name (please print): _____		17. Licensed Authorized Prescriber's Telephone Number: _____



18. Licensed Authorized Prescriber's Signature:

**X**

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**MEDICATION CONSENT FORM**  
**CHILD DAY CARE PROGRAMS**

**PARENT COMPLETE THIS SECTION (#19 - #23)**

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? <i>(For example, did the licensed authorized prescriber write 12pm?)</i> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No Write the specific time(s) the child day care program is to administer the medication <i>(i.e.: 12 pm)</i> : _____	
20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to <i>(child's name)</i> : _____	
21. Parent's Name <i>(please print)</i> : _____	22. Date Authorized: /    /
23. Parent's Signature: <b>X</b>	

**CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)**

24. Program Name: _____	25. Facility ID Number: _____	26. Program Telephone Number: _____
27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.		
28. Staff's Name <i>(please print)</i> : _____	29. Date Received from Parent: /    /	
30. Staff Signature: <b>X</b>		

**ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)**

31. I, parent, request that the medication indicated on this consent form be discontinued on _____ / ____ / ____ <div style="text-align: right; margin-right: 50px;">(Date)</div>
Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.
32. Parent Signature: <b>X</b>

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)**

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.
34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place. _____

DATE     /   /  
:

---

By completing this section, the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber's Signature:

**X**



Date of Plan:        /        /

**THE FOLLOWING STEPS WILL BE TAKEN IF THE CHILD EXHIBITS SYMPTOMS including, but not limited to:**

- **Inject epinephrine immediately and note the time when the first dose is given.**
- **Call 911/local rescue squad** (Advise 911 the child is in anaphylaxis and may need epinephrine when emergency responders arrive).
- Lay the person flat, raise legs, and keep warm. If breathing is difficult or the child is vomiting, allow them to sit up or lie on their side.
- If symptoms do not improve, or symptoms return, an additional dose of epinephrine can be given in consultation with 911/emergency medical technicians.
- Alert the child's parents/guardians and emergency contacts.
- After the needs of the child and all others in care have been met, immediately notify the office.

**MEDICATION/DOSES**

- Epinephrine brand or generic:
- Epinephrine dose:  0.1 mg IM     0.15 mg IM     0.3 mg IM

**ADMINISTRATION AND SAFETY INFORMATION FOR EPINEPHRINE AUTO-INJECTORS**

When administering an epinephrine auto-injector follow these guidelines:

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than the mid-outer thigh. If a staff member is accidentally injected, they should seek medical attention at the nearest emergency room.
- If administering an auto-injector to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.

**STORAGE OF EPINEPHRINE AUTO-INJECTORS**

- All medication will be kept in its original labeled container.
- Medication must be kept in a clean area that is inaccessible to children.
- All staff must have an awareness of where the child's medication is stored.
- Note any medications, such as epinephrine auto-injectors, that may be stored in a different area.
- Explain here where medication will be stored:

**MAT/EMAT CERTIFIED PROGRAMS ONLY**

Only staff listed in the program's Health Care Plan as medication administrant(s) can administer the following medications. Staff must be at least 18 years old and have first aid and CPR certificates that cover all ages of children in care.

- Antihistamine brand or generic:
- Antihistamine dose:
- Other (e.g., inhaler-bronchodilator if wheezing):

**\*Note: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**STORAGE OF INHALERS, ANTIHISTAMINES, BRONCHODILATOR**

All medication will be kept in its original labeled container. Medication must be kept in a clean area that is inaccessible to children. All staff must have an awareness of where the child's medication is stored. Explain where medication will be stored. Note any medications, such as asthma inhalers, that may be stored in a different area.

Explain here:



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY ACTION CARD**

PHOTO OF CHILD (Optional)	CHILD'S FULL NAME:		DATE OF BIRTH: / /	GENDER:	
	KNOWN ALLERGENS:			ASTHMA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				HISTORY OF ANAPHYLAXIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
POTENTIAL SYMPTOMS:			MEDICATION/DOSAGE/LOCATION:		
EX PO SU RE AC TION P L A N	1.				
	2.				
	3.				
	4.				

RISK MANAGEMENT STRATEGIES:
NOTES:
EMERGENCY CONTACT(S):
<div style="width: 70%;">                 PROVIDER SIGNATURE: X             </div> <div style="width: 25%;">                 DATE: / /             </div>

SIGNATURE – PARENT OR PERSON LEGALLY RESPONSIBLE:

X

DATE:

/ /





