

Sierra Montana Summer Camp

**SURPRISE
COMMUNITY &
RECREATION
SERVICES**



2019 Parent Handbook

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The City of Surprise Summer Camp Program provides opportunities for youth entering 5th - 8th grade to have fun in a safe and supervised program. This exciting program features on-site activities such as: arts & crafts, games, sports, field trips, and more!

Summer Camp begins Wednesday, May 22, 2019

Camp Contact Information

Sierra Montana Recreation Center: 623-222-2600
Community & Recreation Services: 623-222-2000
Michelle Yingling, Recreation Coordinator: 623-222-2233
Daniel Luvisi, Recreation Supervisor: 623-222-2251

Summer Camp Program

Participants

Youth who are entering 5th - 8th grade.
4th graders are eligible if they have an older sibling enrolled

Dates

Starts: Wednesday, May 22, 2019

Ends: Friday, August 2, 2019

PROGRAM CLOSED ON JULY 4th

Hours

Monday – Friday, 6:30 a.m. - 6:00 p.m.

Location

Sierra Montana Recreation Center
14861 N. Spring Lane
Surprise, AZ 85388

DHS Licensing

City of Surprise Summer Camp is regulated by the Arizona Department of Health Services located at 150 N. 18th Avenue, Suite 400, Phoenix, Arizona, phone number 602-364-2536. Inspection reports are completed by DHS and are available upon request.

Arizona Law ARS 13-3620.A requires certain persons who suspect abuse, neglect, exploitation or abandonment of a child to report their concerns to Department of Child Safety (DCS) and/or local law enforcement. The City of Surprise Recreation Staff are mandated reporters under this law and are required to report to DCS and law enforcement. If you have questions regarding the Arizona law, please contact DCS or your local law enforcement agency. For more information, go to <https://dcs.az.gov/report-child-abuse>.

Insurance

The City of Surprise carries liability insurance for all of its operations, including city-sponsored recreation programs.

Individuals with disabilities

The Surprise Community and Recreation Services Department offers programs for people of all ability levels. Under the ADA, individuals needing modifications of policies, practices or procedures should contact 623.222.3543 (Voice) or 623.222.3503 (TTY) at least 5 business days in advance to request appropriate accommodations.

TAX ID: 86-6007796

Schedule and Activities

PROGRAM CLOSED ON JULY 4th

Daily Schedule

6:30 – 8:00 am	Greeting & Indoor Play
8:00 – 8:30 am	AM Snack-please bring
8:30 – 9:00 am	Outside Play
9:00 – 9:30 am	Daily Announcements
9:30 - 11:30 am	Centers & Crafts & visitors
11:30 am - Noon	Lunch
Noon – 1:00 pm	Organized Group Games
1:00 – 3:30 pm	Centers & game Time
3:30 – 4:00 pm	PM Snack-provided (movie on Friday)
4:00 – 4:30 pm	Outside / Inside Play
4:30 – 6:00 pm	Free Play & Group Games

*Times and activities may change due to daily field trips and other planned activities.

Weekly Calendar of activities can be found on the Parent Board near the sign in area.

Please apply sunscreen to your child prior to attending program.

Lunches

Each participant is responsible for bringing his or her own non-perishable lunch. Refrigeration and microwaves will not be available for use.

Snacks

Participants will receive an afternoon snack provided by City of Surprise. Parents are encouraged to send along a morning snack and water bottle every day and sunscreen on pool days.

Field Trips

Participants will be attending field trips throughout the summer. Field trip costs are included in the weekly fee. Transportation for field trips is provided by the City of Surprise. While we make every attempt to reserve busses with air conditioning, it is not always possible. In the event a bus does not have air conditioning, we will provide water on each bus. It is required that each participant attending the field trip has a permission slip completely filled out by a parent. Participants will be required to wear I.D. stickers and/or wristbands for safety purposes.

Note to Parents: All participants that attend the Summer Camp Program on a field trip day will be required to go on the field trip. No participants will be left behind at the site. If you choose not to have your child attend a specific field trip, your child will not be able to attend the program until the participants have returned from the field trip.

Parents are not permitted to drop off or pick-up their child at the field trip destination. Participants MUST ride the bus to and from the field trip site.

****You may send some extra money for snacks or tokens with your child, but please note that staff is in NO WAY responsible for holding it or keeping track of it!**

Fee Information and Policies

Registration Fee:	\$30 per child Residents	\$50 per child Non-residents
Payment:	\$25 per day for Residents	\$29 per day for Non-residents

REGISTRATION FEE OF \$30 PER CHILD RESIDENT/\$50 PER CHILD NON-RESIDENT

All field trips are included for participants attending on scheduled field trip days.

Payment Requirement

Payment is due on the Friday before the week of participation. There is a \$20.00 penalty fee for any payments not received on the Friday before the week of participation. Participants will not be allowed to attend field trips if there is a balance on their account and will be removed from the program if no payment is received by Friday of the week of participation. Any unpaid fees will remain on the account and must be reconciled before registering for any other City of Surprise Programs. Please communicate with the Recreation Coordinator if you foresee any issue regarding payment.

Cash, check and credit card payments may be made at the City of Surprise Community & Recreation Services Building located at 15960 N. Bullard Avenue, Surprise, Arizona, 85374. You may also pay online at <https://secure.rec1.com/AZ/surprise-community-rec/catalog>

Automatic payments may be made by initialing on the Attendance Contract. (Pg. 13)

Payment Subsidies

Funding is available for low income families. Please call The Department of Economic Security Child Care Administration Office (DES) for information at 602-542-4216. Processing can take up to 30 days.

DES Payment

If you qualify for DES, registration fee and copay for the week is due at the time of registration for the camp. Weekly copays are due on the Monday of the week of participation. The participant is responsible for any fees not covered by DES.

Withdraw/Changing Enrollment

Prior notice is required to terminate or change enrollment in the program. Any amendments submitted after the first week of the program will be charged a \$10 fee. Notification must be turned into the site leader or turned in to Michelle Yingling at the Surprise Community and Recreation Services Office located at 15960 N. Bullard Ave. Surprise, AZ 85374.

Participants must attend a minimum of 5 weeks of the Summer Camp Program.

Registration Procedures

Enrollment/Disenrollment Procedures

To enroll your child in the City of Surprise Summer Camp Program, parents must complete and return the following to the City of Surprise Community & Recreation Services located at: 15960 N. Bullard Avenue, Surprise, Arizona, 85374.

1. Registration Forms can be found online at <https://www.surpriseaz.gov/2671/Break-Camps> or at the Community and Recreation Services Office located at 15960 N. Bullard Ave. Surprise, AZ 85374. Please complete and leave no line blank.
2. **Emergency/Immunization Card. Complete, leave no line blank. If the question/line does not apply, write “none” or “N/A”. Two (2) emergency contacts, beside the parents, must be listed to have authorization to pick-up your child in case of an emergency. If you do not have 2 emergency contacts, write in “DCS” and “Surprise Police Department”.**
3. Provide copy of immunization record.
4. Discipline Policy – Please read and sign.
5. Attendance Contract – Please read and sign.
6. Registration fee is per family per child- \$30 Residents / \$50 Non-residents and is due at registration.
7. Please keep the Amendment/Withdraw Notice Form (Pg. 10) in case you decide to amend your child's camp schedule.

If you decide to withdraw your child from the Surprise Camp Program, please complete the “Amendment/Withdrawal Notice Form” (Pg. 10) & return to the site leader or Michelle Yingling. If this form is not completed & turned in at the time of withdrawal, the participant will continue to be billed according to their contract, until the form is received.

Attendance Policies and Procedures

Sign In/Out

For the safety of the participants, only parents/guardians or an authorized person designated on the registration form will be able to sign a child in and out each day. A child may not sign themselves in or out! There are no exceptions! This is strictly enforced. This also provides parents an opportunity to see the activity schedule planned for the day. Those picking up a child will be required to show I.D. so please remember to bring it in with you, this is for your child's safety and not to inconvenience you.

Authorization for Release

A child enrolled in the City of Surprise Summer Camp Program will only be released to those persons authorized with their actual signature on the registration form. NO exceptions will be made without the advance written permission of the parents or telephone authorization. Individuals may be required to show proof of I.D. to the staff the first time the child is picked-up. **If only one person has the sole custody of a child, then a legal document must be on file with the site stating the name of the legal guardian.** This is for your child's safety and not to inconvenience you.

Late Pick-Up

Pick up time from Summer Camp is 6:00PM. All children must be picked up by this time or a late fee will be charged.

The charge is \$5 per every 5 minutes/per child after 6:00 pm, per the school clock, and will be added to your weekly charge for camp. Please call 623-222-2600 to notify staff if you are running late.

- 1st Time: Fee plus written warning
- 2nd Time: Fee plus written warning
- 3rd Time: Fee plus 3 days suspension
- 4th Time: Removal from the program

Absences

If your child is going to miss Summer Camp on his/her scheduled day due to illness or any other reason, it is appreciated, but not necessary, to call Michelle Yingling at 623-222-2233. If you are going on vacation you must notify staff at the time of registration so scheduling can be adjusted accordingly.

Discipline Policy

In order to ensure the safety of all participants and staff in the City of Surprise's Summer Camp Program, the following discipline policy will be strictly implemented and enforced. Please read the policy, sign, and return with your child's registration. (Pg. 12) All rules along with the Bullying Policy (Pg. 8) will be discussed with participants on the first day of the program and sent home to parents/guardians.

When a participant needs guidance, the following options are utilized:

1. Participant is encouraged to verbalize his/her feelings and to think of alternative solutions and their possible effects.
2. Participant is redirected to a different area.
3. If a participant has lost control and is unable to reason, "time out" will be used.

The "time out" technique is used when the staff member feels it is the only way to calm the participant down. "Time out" is 1 minute multiplied by their age.

1. Parent note sent home. Parent note must be signed and returned by the next day.
2. Initiate a parent conference to discuss available options.
3. Suspension or dismissal from the program.

Some actions will result in an automatic suspension or dismissal from the Summer Camp Program. Parents will be contacted immediately to pick-up their child from the program. The participant will be suspended for the following day(s) and/or dismissed from the program. The following are actions that will result in automatic suspension or dismissal:

1. Showing extreme disrespect or disruption (abusive language).
2. Damaging the Summer Recreation Site (school or bus) or supplies or stealing property.
3. Endangering another child or staff verbally (threats) or physically (hitting, spitting, biting, throwing objects, etc.).

The City of Surprise Community & Recreation Services Department reserves the rights to withdraw a participant from the program if all discipline options have been exhausted and/or demonstration of extreme behavior that put participants and staff in danger (i.e. verbal or physical actions including fighting, bullying, threats, etc).

Policies and Procedures

Bullying

The City of Surprise Community and Recreation Services Department is committed to providing a safe and positive environment for all patrons, employees and volunteers. Bullying often creates an atmosphere of fear and distrust and negatively impacts the health and well-being of those involved. A full Bullying Policy and Procedure has been implemented to establish a system of recognizing, responding to and reducing bullying behavior in our programs and facilities. This policy can be accessed online or at the Community Services and Recreation Office.

- Bullying: Bullying may occur when a participant is exposed repeatedly and over time to negative actions on the part of one or more other participants.
- Bullying behavior is meant to hurt another person and is carried out by someone who is seeking power or control over another person.
- Bullying may constitute a violation of law.
- There are three forms of bullying: physical, emotional, social.
- Bullying can be described as threatening, harassment, intimidation, and cyber bullying.

Reports of Bullying will be fully investigated by department staff and a report will be submitted of the findings. Disciplinary action may result from bullying. All suspected violations of law will be reported to local law enforcement.

Toilet Training

Children must be toilet trained. If frequent urine and/or bowel accidents occur (3 or more within a 5 day period) or if they wear pull-ups, then they do not meet this requirement. Please understand that if your child does exhibit signs of not being fully trained, you will be asked to remove your child from the program. If an accident happens, a parent or guardian is expected to either pick-up the child or bring a change of clothes/cleansing products within 1 hour from the time the parent/guardian is notified.

Personal Items

***Please do not permit your child to bring personal items such as video games, cell phones or iPods.** The City of Surprise is not responsible for any lost, stolen, or broken items. The site has several toys and lots of activities to keep your child busy and entertained. Items not claimed will be donated 1 month after completion of camp.

Parent/Staff Communication

Our staff work well as a team to provide the best environment for your child's growth and development. Exchanges of information between parents and staff will be a formal or informal format. Information occurring within the family, e.g. a sibling moving, sick relative or pet, alterations in the parents' relationship, etc. should be shared and gives us insight to your child's behavior and attitude.

Concerns, Suggestions, and Compliments

We welcome and encourage your feedback regarding our program, our staff, and anything relating to the well-being of the children in our care. You may direct any complaints, concerns, suggestions, and compliments to Recreation Supervisor Daniel Luvisi at 623-222-2251 or daniel.luvisi@surpriseaz.gov.

Health Policies and Procedures

Medication

The Surprise Summer Camp staff may administer medication. To authorize giving medication to a child, the parent/guardian must complete a "Medication Release Form" and bring the prescribed amount of medication in the original container. Forms are available at the site or Community Services and Recreation Office.

Illness

All children become ill from time to time. It is important for parents who have children in the Summer Camp Program to understand that their child's health affects the health of other children and staff members in the program.

Do not take a child who has signs and symptoms of being ill to the Summer Camp Program as they will be sent home.

These symptoms are as follows:

1. Fever. They must be fever free for 24 hours in order to return.
 - a. A child with a temperature above 100.5 will be sent home.
2. Any Contagious/Communicable disease such as strep throat, pink eye, chicken pox, fifth disease, etc.
 - a. Communicable Diseases must be reported per state requirements.
3. Skin Rash/sores. ie: impetigo, head lice, ringworm, rosella
 - a. Head Lice – we have a "No Nit" Policy.
 - b. Communicable
4. Eye Discharge.
5. Vomiting.
6. Diarrhea – Runny, watery or bloody stools
7. Mucus or pus from red eyes.
8. Thick or colored drainage from the nose.
9. Swollen Glands or Sore throat.
10. Severe/hard coughing or difficulty breathing.
 - a. Skin Diseases must be reported per state requirements.
11. Signs of irritability – too tired/sick/continuously crying to fully participate.

If your child becomes ill during the program, staff will contact a parent or authorized designee to pick up the participant. The child must be picked up within 1 hour of notification time. The child will be separated from the other children.

If your child is sent home with a communicable disease we will not be able to accept the child back until we have received a doctor's note clearing the child for return.

Communicable Diseases must be reported per state requirements. The center will also post any contagious/communicable illness notifications on the parent board to alert other parents.

Emergencies

If your child has an accident, injury, or emergency while at summer camp, that requires medical treatment by a health care provider, a staff member will immediately notify the child's parents. For this reason, it is essential that all forms have current names and phone numbers. A written emergency report will be filled out.

SUMMER CAMP AMENDMENT/WITHDRAWAL NOTICE FORM



Date: _____

I, _____ would like to add/remove
(parent's name)

_____ registration days from the 2019
(child's name)

Summer Camp Program. His/her last date of attendance will be _____.
(last date of attendance)

I understand that all weekly fees up to the last day of attendance must be paid in full.

Weeks	Circle individual days TO BE ADDED	Circle individual days TO BE REMOVED
Week 1 (May 22-May 24)	W TH F	W TH F
Week 2 (May 28-May 31)(No May 27)	T W TH F	T W TH F
Week 3 (June 3-June 7)	M T W TH F	M T W TH F
Week 4 (June 10-June 14)	M T W TH F	M T W TH F
Week 5 (June 17-June 21)	M T W TH F	M T W TH F
Week 6 (June 24-June 28)	M T W TH F	M T W TH F
Week 7 ((July 1-July 5)(No July 4)	M T W F	M T W F
Week 8 (July 8-July 12)	M T W TH F	M T W TH F
Week 9 (July 15-July 19)	M T W TH F	M T W TH F
Week 10 (July 22-July 26)	M T W TH F	M T W TH F
Week 11 (July 29-Aug 2)	M T W TH F	M T W TH F

FOR INTERNAL USE ONLY

Date Received _____

Location: CRC or SMRC

SIERRA MONTANA SUMMER CAMP REGISTRATION FORM



PLEASE PRINT

Child's Name _____ Last _____ First _____ M.I. _____ Shirt Size _____

School _____ Grade _____ Age _____ Date of Birth _____

Address _____ City _____ Arizona Zip _____

Home Phone Number _____

Father's Name _____ Cell# _____ Work # _____

Mother's Name _____ Cell# _____ Work # _____

In the event of an emergency, please contact:

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

List any allergies (food, medication, etc.): _____

List two people, other than yourself, authorized to pick up your child (name, relationship, and phone #).

1. _____
Name Relationship Phone #/Alt. Phone #

2. _____
Name Relationship Phone #/Alt. Phone #

Are you currently approved by DES to receive assistance in paying for your child's Summer Camp
_____ yes _____no

I hereby permit the City of Surprise Summer Camp Staff to release my child to the above people upon my telephone authorization. Initial _____ Date _____

I understand that parents are not permitted to drop off or pick up their child at the field trip destination. Participants **must** ride the bus to and from the field trip site. Initial _____ Date _____

Photos: I give permission for my child to be videotaped or photographed by the City of Surprise employees to be used at the site for activities and for any program advertisements for the City of Surprise. Parent/Guardian Signature: _____

I grant permission for my child _____, to attend the City of Surprise Summer Camp Program. I hereby release the City of Surprise from all liability, losses, damages to or destruction of property arising out of or in any way connected with my child's participation in the City of Surprise Summer Camp Program, except when such injury or damages shall have been occasioned by negligent or wrongful acts of omissions by the employees or officers of the City of Surprise.

I understand that there are NO REFUNDS OR CREDITS FOR ABSENCE, ILLNESS, HOLIDAYS, OR SUSPENSIONS during the Summer Camp Program. Initial _____ Date _____

Participant's Name: _____

Parent/Guardian Signature: _____ Date: _____

SUMMER CAMP DISCIPLINE POLICY



In order to ensure the safety of all participants and staff in the City of Surprise's Summer Camp Program, the following discipline policy will be strictly implemented and enforced. Please read the policy, sign, and return with your child's registration. All rules along with the Bullying Policy will be discussed with participants on the first day of the program and sent home to parents/guardians.

When a participant needs guidance, the following options are utilized:

1. Participant is encouraged to verbalize his/her feelings and to think of alternative solutions and their possible effects.
2. Participant is redirected to a different area.
3. If a participant has lost control and is unable to reason, "time out" will be used. The "time out" technique is used when the staff member feels it is the only way to calm the participant down. "Time out" is 1 minute multiplied by their age.
4. Parent note sent home. Parent note must be signed and returned by the next day.
5. Initiate a parent conference to discuss available options.

Suspension or dismissal from the program.

Some actions will result in an automatic suspension or dismissal from the Summer Camp Program. Parents will be contacted immediately to pick-up their child from the program. The participant will be suspended for the following day(s) and/or dismissed from the program. The following are actions that will result in automatic suspension or dismissal:

1. Showing extreme disrespect or disruption (abusive language).
2. Damaging the Summer Recreation Site (school or bus) or supplies or stealing property.

Endangering another child or staff verbally (threats) or physically (hitting, spitting, biting, throwing objects, etc.).

The City of Surprise Community & Recreation Services Department reserves the rights to withdraw a participant from the program if all discipline options have been exhausted and/or demonstration of extreme behavior that put participants and staff in danger (i.e. verbal or physical actions including fighting, threats).

I have read the "Summer Camp Discipline Policy" and fully understand the process to be used for discipline issues.

Participant's Name: _____

Parent/Guardian Signature: _____

FEE ATTENDANCE CONTRACT



Child's Name: _____

Weeks	Indicate which days for daily, does not have to be consistent
Week 1 (May 22-May 24)	W TH F
Week 2 (May 28-May 31)(No May 27)	T W TH F
Week 3 (June 3-June 7)	M T W TH F
Week 4 (June 10-June 14)	M T W TH F
Week 5 (June 17-June 21)	M T W TH F
Week 6 (June 24-June 28)	M T W TH F
Week 7 ((July 1-July 5)(No July 4)	M T W F
Week 8 (July 8-July 12)	M T W TH F
Week 9 (July 15-July 19)	M T W TH F
Week 10 (July 22-July 26)	M T W TH F
Week 11 (July 29-Aug 2)	M T W TH F

I understand that payment is due every week on the **Friday** before the week of participation. **A penalty of \$20 will be assessed for late payment.** Failure to pay the weekly and late fee by the Friday of participation will result in suspension from the program until all charges have been cleared.

Initial _____

Automatic Payment Enrollment Authorization

Please initial below if you wish to enroll in automatic payments for 2019 summer camp. By initialing below, I understand my payments will automatically be debited from the account on file on the Friday morning before the week my child/children will be attending. I agree to keep my account information up to date. I understand that if the card is no longer active or declined, I will be required to make the payment via a different payment method by Monday by 1pm of the week of camp. I understand that participation may be impacted if payments aren't made by the deadline.

Initial _____

WITHDRAWAL / CHANGE POLICY



It is the City of Surprise Summer Camp Program policy that prior notice is required to terminate or change enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the Summer Camp Program, notification must be made by the **Wednesday** of the week before you wish the change to take place in the form of a "Summer Camp Amendment/ Withdrawal Notice Form". No verbal notifications, voicemails, notes or otherwise will be accepted.

_____ (Initial)

I understand that once Summer Camp has started, there will be a \$10 charge if the amended contract is for fewer weeks than originally scheduled. _____ (Initial)

I understand that my child must attend a minimum of 5 weeks (or half of the remaining weeks for late registrants) of the Summer Camp Program. If I withdraw before 5 weeks have been attended I may still be responsible financially for the remaining weeks up to 5 weeks _____ (Initial)

I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child to attend the Surprise Summer Camp Program. I understand that there are **NO REFUNDS OR CREDITS FOR MISSED DAYS OR SUSPENSION.** _____ (Initial)

I have received a Parent Handbook and I understand that I am responsible for the information, policies and procedures of the program. _____ (Initial)



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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