THE PLACE TO BE
AFTER SCHOOL

Randolph Middle School After Care
Grades 6-8
RANDOLPH YMCA
2017-2018

Funding for this program is provided by Randolph MAC.
WELCOME!

Please note that this application cannot be accepted until all information is complete.

Please be sure to write legibly, especially telephone numbers. Applications which cannot be read clearly will be returned.

THIS PROGRAM BEGINS ON THE FIRST DAY OF SCHOOL AND RUNS TO THE LAST DAY OF SCHOOL.

The YMCA requires that all After School Care participants send the first and last month’s tuition.

Your application and deposit MUST BE RECEIVED BY US NO LATER THAN AUGUST 18, 2017 If we are not in receipt of your application and deposit by the above date, your spot will be forfeited and we will contact the next person on the waiting list to fill this spot.

PLEASE NOTE THE FOLLOWING NEW LATE PAYMENT INFORMATION
It is extremely important to receive your after school program payments on time. These payments are needed to run the program at our site for the coming month. Please read your Tuition Agreement carefully. Your payment for the upcoming month is due by the first day of that month. Example: Your November payment is due by November 1st.

REMINDER:
The following fees MUST be included with your completed application: 2 month’s deposit to be credited to the first and last month of the program.

If your payment is received after the third day of the month, a late fee of $15 will be assessed to your account. If your payment is not received by the tenth day of the month, an additional late fee of $20 will be assessed to your account. More than two late payments during a school year will result in AUTOMATIC DRAFTS.

If an unforeseen financial difficulty arises, please call Debbie office (973) 366-1120 x13, so that payment arrangements can be made.

No credits will be issued for absences from the After School Program. Tuition is payable monthly at a flat rate as indicated on your Tuition Agreement.

Cell phones are allowed at the program, however use will be restricted. The YMCA will not be held responsible for these valuable items if they are lost and/or stolen.

Please feel free to contact Program Director, Jen Patrick at randolphyaftercare@gmail.com or Kathy Fisher at x14 or kathy@randolphymca.org if you have any questions regarding the program or contact Debbie Popek at x13 or debbie@randolphymca.org if you have any questions regarding billing.

FINANCIAL ASSISTANCE
The Randolph YMCA Program House welcomes deserving individuals & families who are unable to pay the full cost of a program. Financial assistance applications are available at the YMCA and on our website at randolphymca.org

Funding for this program is provided by the Randolph MAC Committee.
2017-2018
Randolph School Calendar

September 4   Labor Day
September 5 & 6 Full Day Staff Development
September 7   First Day for Students (First Day of the After School Program)
September 18  Early Dismissal
September 21 & 22 Rosh Hashanah SCHOOL’S CLOSED
October 9      School’s Closed for Students
November 6     Early Dismissal
November 9 & 10 NJEA Convention SCHOOL’S CLOSED
November 22    Early Dismissal
November 23 & 24 Thanksgiving
December 22    Early Dismissal
December 26 – January 1 Holiday Recess
January 2      School Reopens
January 15     Martin Luther King Jr. Day SCHOOL’S CLOSED
February 12    Early Dismissal
February 19    President’s Day SCHOOL’S CLOSED
March 30–April 6 Spring Recess
May 21         Early Dismissal
May 28         Memorial Day
June 21        Last Day for Students & Early Dismissal

THERE WILL BE NO PROGRAM ON DAYS WHEN THE SCHOOL IS CLOSED
WE´RE DEDICATED TO TODAY´S YOUTH

Pickleball
Basketball
Warm Water Pool
Main Pool
Aqua Basketball
Aqua Volleyball
Circuit Class
Basketball
Wii
Ping Pong
Homework Help
Games
& so
much more!

WHO? Randolph Middle Schoolers
WHAT? After School Program
WHERE? Randolph YMCA Program House
WHEN? Every day after school until 6 pm
WHY? So they can learn, exercise, play & have fun with friends!

BECAUSE KIDS WILL HAVE FUN AND BE SAFE

All program participants should come prepared DAILY with sneakers, a bathing suit & a towel.
PARENT RESPONSIBILITIES

Parents should read and become familiar with the policies of the Randolph Middle School After School Program.

PICK UP
Parents are required to pick up their children no later than 6:00 pm. All parents MUST sign out their children. There will be no exceptions! This is a necessary procedure for the protection of your child.

If a child is not picked up by 6:00 p.m., the parent will be charged a fee of $1.00 for every minute or part thereof that you are late. This fee will be billed to you and payment must be made upon receipt of the billing. If late pick ups become a habit (3 or more) your child may be excluded from the after school program.

It is the parent’s responsibility to make arrangements for their child’s pick up. However, in the event of an emergency, please make arrangements with a friend or relative to pick up your child. These individuals MUST be listed on your application. If someone other than a person listed on the application will be picking up your child, you must notify the director in writing in advance. If we do not have advanced notification from you, your child WILL NOT be released until a parent can be reached. Please note that any individuals who will be picking up your child will be asked for identification before your child is released to them. Please be sure to inform them of this policy.

IF YOUR CHILD DOES NOT COME TO THE PROGRAM 5 DAYS PER WEEK, AN ALTERNATIVE PICK UP MUST BE ARRANGED AT THE SCHOOL. THERE IS NO BUS TO TAKE THE CHILD HOME.

ABSENCE
Parents should call the director to report an absence from the After School Program. THIS CALL MUST BE MADE NO LATER THAN 10:00 A.M. ON THE DAY OF THE ABSENCE. The YMCA must be notified of any changes in your child’s schedule IN WRITING. Do not rely on the director to relay this information.

TERMINATION
If you wish to terminate your child’s attendance at the program the YMCA must be notified IN WRITING at least two weeks prior to your child’s last day. FAILURE TO DO SO WILL RESULT IN YOUR DEPOSIT NOT BEING REFUNDED.

ADDITIONAL ACTIVITIES
If your child has an activity in the YMCA, the director MUST be informed IN WRITING at least one day ahead that your child will be leaving the program at a specific time and returning/ at a specific time. You must indicate the location of the activity within the building. If this is an ongoing activity, you may send in a letter specifically stating all dates that the activity will take place. IT IS NOT THE RESPONSIBILITY OF OUR STAFF TO ESCORT YOUR CHILD TO OR FROM ANY ACTIVITY. Upon your child’s return to the program, your child will pick up on activities as they are in progress. Special arrangements cannot be made to make up homework time or any other missed activity. If your child goes directly from their class or is signed out of the After School Program to attend an outside activity (scout trip, doctor’s appointment, etc.) your child MAY NOT RETURN to the program.

PAYMENT
THE RANDOLPH MIDDLE SCHOOL AFTER SCHOOL PROGRAM RATES ARE LISTED ON YOUR TUITION AGREEMENT.

Parents are responsible for making monthly payments by the first day of each month. These payments must be mailed, called in x13 to the YMCA or automatically withdrawn with monthly withdrawal form attached THEY CANNOT BE HANDED TO OUR STAFF AT THE PROGRAM.

Please mail payments to:
Randolph YMCA
Attn: Deb Popek
14 Dover Chester Road
Randolph, NJ 07869

Or you may make your payment by phone using Mastercard, Visa, AMEX or Discover by calling Deb x13.

WEATHER RELATED ISSUES
The program will be held on days when school is in session, including 2 1/2 hour early dismissals.

Programs are NOT held on days when the SCHOOL is CLOSED due to inclement weather. The Middle School After Care WILL BE HELD on days when the school dismisses early due to inclement weather AND the Y is OPEN. If the school AND the Randolph YMCA close due to inclement weather, the students will be brought to the Y & must be picked up immediately. If school has a delayed opening due to bad weather, the After School Program WILL BE HELD as usual.

* If more than one sibling is enrolled in the program, they both must be signed out and taken home together.
BEHAVIOR
A log will be kept at the program documenting any behavior situations. You will be asked to sign this log to confirm notification of any behavior problem. Please note our Discipline Policy below. Parents need to handle problems maturely and rationally away from other children. Please set up a conference if a problem persists.

DISCIPLINE POLICY
We expect that we will have students who are occupied in creative, physical, and mental activities throughout the day. We are sure this will prevent them from becoming involved in inappropriate behavioral situations. We encourage you, as a parent, to discuss with your child appropriate social behavior to circumvent a discipline problem. We are positive that a situation requiring the director to terminate attendance by a disruptive child will not arise. Fighting, swearing, disrespect to the director, staff, or another child, abusive language, physical abuse, stealing, etc., are actions contrary to proper YMCA behavior goals and will be looked upon as cause for termination with no refund of program fees.

In the event of inappropriate actions by a participant in the program, they will be given a warning. If the action continues, the child will sit out of the activity going on.

All behavioral situations will be documented in a log set up for each child. Parents will be informed of all entries into this log and will be required to sign indicating that they have been made aware of the entry.

Upon continuation of the problem, the parent will be called and an in person conference will be set up if the issue cannot be resolved during the phone conversation. Should the problem continue beyond this, the child will be given a day off from the program and a continuing problem will be cause for termination from the program.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION
• Redirect the child from negative behavior
• Reassess classroom environment, activities & supervision
• The use of positive language & methods while disciplining
• Praise appropriate behaviors
• Consistently apply consequences if rules are broken
• Child will be given time to regain control
• Parent/guardian will be given literature of other resources regarding methods of improving behavior

BECAUSE LEARNING DOESN’T STOP AFTER SCHOOL

EXPULSION POLICY
Unfortunately, there are situations when we have to expel a child from our program either on a short term or permanent basis. We will do everything possible to work with the family of the child (ren) in order to prevent this policy from being enforced.

IMMEDIATE CAUSES FOR EXPULSION
• The child is at risk of causing serious injury to other children or himself/herself
• Parent threatens physical or intimidating actions toward staff members or other parents/children
• Parent exhibits verbal abuse to staff or other parents/children in front of enrolled children

PARENTAL ACTIONS FOR CHILD EXPULSION
• Failure to pay/habitual lateness in payments
• Failure to complete required forms including child’s immunization records
• Habitual tardiness when picking up your child
• Verbal abuse to staff
• Other

CHILD’S ACTIONS FOR EXPULSION
• Failure of child to adjust after a reasonable amount of time.
• Uncontrollable tantrums/angry outbursts.
• Ongoing physical or verbal abuse to staff or other children.
• Excessive biting
• Other

SCHEDULE OF EXPULSION
If after the remedial actions above have not worked, the child’s parent/guardian will be advised verbally and in writing about the child’s or parents behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child’s behavior or to come to an agreement with the center. The parent/guardian will be informed regarding the length of the expulsion period.

The parent/guardian will be informed about the expected behavioral changes required in order to return to the center.

The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks notice depending on risk to other children’s welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED
If a child’s parent(s):
• Reported abuse or neglect occurring at the center.
• Questioned the center regarding policies and procedures.
• Without giving the parent sufficient time to make other child care arrangements.
**TUITION AFTER SCHOOL PROGRAM**

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Monthly Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 5 days per week</td>
<td>$175</td>
</tr>
<tr>
<td>☐ 4 days per week</td>
<td>$140</td>
</tr>
<tr>
<td>☐ 3 days per week</td>
<td>$113</td>
</tr>
<tr>
<td>☐ 2 days per week</td>
<td>$80</td>
</tr>
</tbody>
</table>

10% discount for additional siblings

Name of Child: ___________________________________________________________ Age: __________________

Mailing Address: ____________________________________________________________________________________________________

City: _____________________________________________________ State: ________________________ Zip Code: ________________________

AMOUNT: _____________________________

I hereby give the Randolph YMCA permission to charge my credit card for all expenses due for the Randolph Middle School After School Program September 2017 through June 2018.

☐ MasterCard  ☐ Visa  ☐ American Express  ☐ Discover

Card Number: ___________________________ Exp. Date: ___________ CVV: ______________

Cardholder’s Signature: ___________________________ Name on Card: ______________________

**Randolph YMCA Credit Card Agreement**

The Randolph YMCA after School Program Credit Card Agreement is a continuous payment plan. I understand that this payment plan will remain in effect for as long as I have my child(ren) enrolled in the YMCA After School Program, or the authorization granted to the YMCA has been revoked. It is my understanding that if I wish to terminate or change my payment in any way, I must give the YMCA thirty (30) days written notice, and that all charges will continue to accrue during the thirtieth (30) day period. Should my bank for any reason not honor any payment/credit transmission, I realize that I am still responsible for the payment.

Signature: __________________________________ Date: ______________________

Annual tuition is based on the 180 day school year and divided by 10, not on the amount of days in an individual month. This tuition is payable monthly at a FLAT RATE as indicated above. No credits will be issued. Tuition is paid monthly by the first day of each month, unless otherwise noted. I understand that the cost of the first month of the program and the last month of the program will be required to enroll my child in the After School Program.

I also understand that if my payment is received after the third (3rd) day of the month, a late fee of $15.00 will be assessed to my account. If my payment is not received by the tenth (10th) day of the month, an additional late fee of $20.00 will be assessed to my account. MORE THAN TWO LATE PAYMENTS DURING A SCHOOL YEAR WILL RESULT IN AUTOMATIC DRAFTS. If I terminate my child’s attendance at the After School Program, I agree to inform the Randolph YMCA in writing, no less than two weeks prior to my child’s last day. FAILURE TO DO SO WILL RESULT IN MY DEPOSIT NOT BEING REFUNDED.

I also understand that if I am late (after 6:00 p.m.) in picking up my child, I will be billed at the rate of $1.00 per minute or any part thereof and this payment will be due immediately upon receipt of a billing from the YMCA.

Signature: __________________________________ Date: ______________________
Contact Information

PLEASE CIRCLE NUMBER OF DAYS  M  T  W  Th  F

Child’s Name ____________________________________________________________  Gender M / F
Birthday ___________________________  Grade (as of 9/2017) ___________________________
Parental Custody (if applicable) _____________________________________________
Allergies _________________________________________________________________

Parent/Guardian 1: ________________________________________________________
Home Address ____________________________________________________________
City, State, Zip ____________________________________________________________
Cell Phone _________________________________________________________________
Home Phone ______________________________________________________________
Place of Employment ____________________________________________________
Address _________________________________________________________________
City, State & Zip _________________________________________________________
Email ___________________________  Email ___________________________

Parent/Guardian 2: ________________________________________________________
Home Address ____________________________________________________________
City, State, Zip ____________________________________________________________
Cell Phone _________________________________________________________________
Home Phone ______________________________________________________________
Place of Employment ____________________________________________________
Address _________________________________________________________________
City, State & Zip _________________________________________________________
Email ___________________________  Email ___________________________

EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS

IN CASE OF AN EMERGENCY OR SNOW CLOSING AND A PARENT CANNOT BE REACHED
In addition to parents, ONLY those on the below list will be allowed to pick up a child from program. Please list all additional
persons authorized to pick up your child. No child will be released without emergency verbal/written permission. Please make
sure that the individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome
to add or to delete from this list at any time; please indicate if a non-custodial parent has limits on visitation or pick up. If a
non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to
the YMCA.

ADDITIONAL AUTHORIZED PICKUP (Guardian, friends, nanny, babysitter, relatives, etc.)

Name ____________________________________________________________  Name ____________________________________________________________
Cell # ____________________________________________________________  Cell # ____________________________________________________________
Home # ___________________________________________________________  Home # ___________________________________________________________
Work # ___________________________________________________________  Work # ___________________________________________________________

I GIVE PERMISSION THAT PHOTOS TAKEN DURING PROGRAM ACTIVITIES MAY BE USED IN YMCA PROGRAM MATERIAL.

☐ YES I give the YMCA permission  ☐ NO I do not give the YMCA permission

Parent/Guardian 1 ________________________________________________________
Cell # ____________________________________________________________  Cell # ____________________________________________________________
Home # ___________________________________________________________  Home # ___________________________________________________________
Work # ___________________________________________________________  Work # ___________________________________________________________

Parent/Guardian 2 ________________________________________________________
Cell # ____________________________________________________________  Cell # ____________________________________________________________
Home # ___________________________________________________________  Home # ___________________________________________________________
Work # ___________________________________________________________  Work # ___________________________________________________________
Health History

ALLERGIES

Food: __________________________________________________________

Medications: _________________________________________________
________________________________________________________________

If medications needs to be taken during the program, you must complete a Medication Authorization Form & submit it to the director.

Dietary Restrictions: ________________________________

BEHAVIOR ISSUES

________________________________________________________________
________________________________________________________________

Current medical, mental or psychological condition pertinent to routine care of participant including any current treatment/care ______________________________
________________________________________________________________

PLEASE RESTRICT FROM THE FOLLOWING ACTIVITIES

________________________________________________________________
________________________________________________________________

PLEASE DESCRIBE ANY PAST MEDICAL TREATMENT THAT THE PARTICIPANT HAS RECEIVED

________________________________________________________________
________________________________________________________________

Insurance Carrier: ________________________________

Insurance Policy #: ________________________________

Participant’s Physician: __________________________

Physician’s Phone #: ______________________________

Hospital Preference: ________________________________

Parent/Guardian Authorization:
This health history is correct as far as I know and the person described herein has my permission to engage in all program activities, except the ones noted by myself or physician. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by the director to hospitalize, to secure proper treatment for, to order injection, anesthesia or surgery for my child as named above.

Mother’s Signature: ________________________________
Printed Name: ________________________________
Date: ____________________

Father’s Signature: ________________________________
Printed Name: ________________________________
Date: ____________________

FOR THE PHYSICIAN

Although not required, it is the responsibility of the parent/guardian to have your child examined by a physician prior to their attendance at the after school program. If an examination is performed, please have the physician sign below.

I have examined the child described herein and have reviewed the health history. It is my opinion that he/she is physically able to engage activities except as noted below.

Child’s Name: ________________________________

Physician’s Signature: ________________________________

Address: ________________________________

City: __________________ State: ______ Zip: _______

Phone #: ________________________________

Date: _______________
MEDICATION ADMINISTRATION POLICY

This policy was written to encourage communication between the parent, the child’s health care provider and the YMCA to assure maximum safety when giving medication to a child during the time the child is attending Randolph YMCA programs in the absence of a parent/guardian.

Assuring the health and safety of all children at our YMCA programs is a team effort by the staff, family, and health care provider. This is particularly true when medication is necessary during the child’s participation in a program. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.

The YMCA staff will not be able to treat all individuals with a particular impairment in an identical manner. Within the program, there may be a basis for distinguishing among individuals, and it will be the YMCA’s duty to determine the needs of each individual, its impact upon others in regard to health or safety, or if it would result in an undue burden that is of significant difficulty or expense.

GUIDING PRINCIPLES

- Parents/guardians must have completed a Health Screening Form for their child(ren) under 18.
- All minor children under the age of 18 enrolled in a YMCA program must have all Randolph YMCA medical forms appropriate for their program and individual medical condition completed and on file with the YMCA prior to the child(ren) participation in the program.
- All medical information on file with the YMCA will be kept on a confidential, “need to know” basis. Under no circumstances are employees to discuss the medical information of any child(ren) in their program(s) with anyone other than their supervisor, the parent/guardian of the child(ren) and their healthcare provider.
- It is the parent/guardian’s responsibility to keep the YMCA informed of any changes to their child(ren) medical situation.
- It is the parent/guardian’s responsibility to keep the YMCA informed and up-to-date on all emergency contact information.
- It is the parent/guardian’s responsibility to ensure that all medications are not expired.
- If a YMCA employee is informed by a child’s parent/guardian of a condition requiring medication, that employee must then contact their supervisor. Employees are not to dispense any medication to a child(ren) in their program(s) without a signed “Permission to Give Medication” form.
- Training in the administration of medication, such as Epi-pen Administration, will be given to YMCA employees who work with children in compliance with all guidelines of the training agency approved by the State of New Jersey and the Randolph YMCA.

PROCEDURES

In the event that it is necessary to administer medication to a child, the following guidelines and procedures shall be followed:

1. Whenever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to the YMCA, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child’s health care provider.

2. The first dose of any medication should always be given at home and with sufficient time before the child returns to the YMCA program to observe the child’s response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care/program. This is for the protection of the child who is ill as well as the other children in child care/program.

3. Medication will only be given when medically necessary and ordered by the child’s health care provider and with written consent of the child’s parent/legal guardian. A “Permission to Give Medication” form is an Appendix to this policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given.

4. Medications given in any YMCA program will be administered by a staff member designated by the applicable Program Director. It is the responsibility of the Program Director to inform the designated staff member of the child’s health needs related to the medication and ensure that they have had training in the safe administration of medication. All medication dispensed must be documented. A single staff person per shift should be allowed to dispense the medicine at each location. (There may be confusion about dispersal if more than one person is providing the medication.) The designated staff person must be certified in First Aid and CPR for the Professional Rescuer including AED.

PRESCRIPTION MEDICATIONS

Any prescription medication brought to the YMCA must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:

- Prescription medication must have the original pharmacist label that includes the pharmacist’s phone number, the child’s full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use at the site.
- In the case of a child requiring an Epi-pen for allergies, two Epi-pens in their original containers must be supplied by parent/guardian for storage at the site.
- Inhalers must be kept on the child’s person or in a designated location as determined by YMCA staff and must be self-administered.

STAY AT HOME POLICY

The Randolph YMCA follows the NJ Department of Health and Senior Services guidelines for all staff and program participants who are ill. These guidelines are:

- Parents are asked to keep their children home, and staff members should remain home if they are sick. Anyone with flu like illness should stay at home for 7 days or 24 hours after symptoms resolve, whichever is longer.
- Flu like symptoms are fever of 100 degrees or more, a sore throat or cough
OVER THE COUNTER MEDICATIONS

Over the counter (OTC) medications will only be given when medically necessary and ordered by the child’s health care provider OR with written consent of the child’s parent/legal guardian. A “Permission to Give Medication” form must be completed before medication can be given.

1. OTC medications must have the child’s full name on the container, and the manufacturer’s original label with dosage, route, frequency and any special instructions for administration and storage, and expiration date must be clearly visible.

Examples of OTC medications that may be given include:

- Antihistamines
- Decongestants
- Non-aspirin fever reducers/pain relievers
- Cough suppressants

2. All medications will be stored:

- Inaccessible to children
- In a separate container labeled that it is Medicine Storage
- Separate from staff medications and first aid supplies
- Under proper temperature control
- A small lock box will be used in the refrigerator to hold medications requiring refrigeration. If off-site, an ice chest/cooler will be used in place of a refrigerator
- In cases where immediate use may be necessary for medication to be carried on the child’s person, i.e. epi-pen and/or inhaler, written documentation of this medical need must be provided by the health care provider including written documentation that the child is capable of self-medication (up to age 18)

IF IT IS NECESSARY TO ADMINISTER MEDICATION TO A CHILD IN THE EVENT OF A LIFE THREATENING EMERGENCY, THE FOLLOWING PROCEDURES SHALL BE FOLLOWED:

The Randolph YMCA Allergy Action Plan is in place for all children with allergies necessitating the administration of epinephrine (Epi-Pen or Epi-Pen Junior). In all instances of administration of epinephrine, EMS will be called immediately. The Parent/Guardian will also be notified immediately following the call to EMS.

PROTOCOL IS AS FOLLOWS

- Epi-Pen will be on the child’s person and will be self-administered
- If necessary, YMCA staff will assist the child with Epi-Pen administration
- In the event the child is unable to, trained YMCA staff will administer

The Randolph YMCA follows the YMCA of the USA’s recommendation for all program participants to self-manage and self-administer medication for diabetes. Local legislation restricts such services to the parent or a medical professional.

Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child. Epi-pens will be returned to the parent/guardian upon the child/children leaving the program at the end of the program cycle. Epi-pens will not be kept by the YMCA for longer than one year. At the end of one year, new medical forms including prescription(s) from the health care provider must be provided to the YMCA.

A “Permission to Give Medication” form is included as an appendix to this policy.

Information exchange between the parent/guardian and YMCA staff about medication that a child is receiving should be shared when the child is brought to and picked-up from the YMCA. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the YMCA to the parent/guardian.

Confidentiality related to medications and their administration will be safeguarded by the YMCA Program Director and staff.

Parent/guardian will read and have an opportunity to discuss the content of this policy with the Program Director. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy.

RANDOLPH YMCA “PERMISSION TO GIVE” MEDICATION
Part I—TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Randolph YMCA personnel to administer medication as directed by my physician. I agree to release and hold harmless the Randolph YMCA and any of their officers, staff members or agents from lawsuit, claim, demand or action etc., against them for administering prescribed medication.

Participant __________________________________________________________ Birthday __________________________

Parent/Guardian Signature ___________________________________________ Date __________________________

Phone # ___________________ Name of Medication ______________________

Reason for medication ________________________________________________ Times to be taken __________________

Dosage (must be consistent with product label) ________________________ Given How? ________________________

Special Instructions ___________________________________________________ Adverse effects of medication __________________________

For the safety of all participants, medication will be kept in a secure location and dispensed by designated staff only, including over-the-counter medications. The only exceptions to this rule are inhalers and epi-pens.

Part II—FOR STAFF ONLY

☐ Signed copy of Randolph YMCA Medication Administration Policy on file
☐ Prescription medication is properly labeled and its original packaging by pharmacist
☐ OTC medication is its original container with manufacturer’s dosage clearly visible

☐ Part I of this form is complete including signatures
☐ Medication to be given and physician order is consistent

Randolph YMCA Director’s Signature ___________________________ Date __________________________

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CONSENT FOR BUS TRANSPORTATION FROM RANDOLPH MIDDLE SCHOOL TO THE RANDOLPH YMCA

Please be advised as the parent/guardian of a child in our Randolph Middle School After Care Program you must fill out a change of stop request form from the Transportation Department at Randolph Middle School.

The Transportation Departments Phone Number is (973) 361-0808 x7100

By signing below, I am agreeing to and acknowledging that I am responsible for arranging transportation from Randolph Middle School to the Randolph YMCA.

Signature: ________________________________ Date __________________

NOTE: If your child does not come to the Randolph Middle School After Care Program 5 days per week, an alternative pick up must be arranged at the school. There is no bus to take the child home.