



SHEBOYGAN AREA
— SCHOOL DISTRICT —
COMMUNITY RECREATION

Dear Families,

As we start our beginning of the school year planning, I would like to mention a few important things. If you are new to the KidStop program, my name is Austin Coss, Recreation Child Care Coordinator for the Sheboygan Community Recreation Department. I supervise all KidStop operations at participating elementary schools. At each site, there will be many different staff members, and I will occasionally be around as well. If there are any questions or concerns, please feel free to contact your school site's staff and myself. We are happy to help and figure things out!

Secondly, we are moving into a new phase of KidStop, as we navigate this new program. We will do our best to make this KidStop experience a good one for all students involved! At KidStop, we provide plenty of opportunities for students to interact with each other, as we promote free play, arts and crafts projects, physical activities, and much more. With a large number of students, we are asking for a parent/guardian photo for pick up/drop offs. This will help with identifying all students' pick up and drop off persons. The extra form is included in the paperwork packet.

Lastly, I want to welcome everyone to KidStop, our school year child care program!! Each site will have its specific rules and operations while using the school facilities, so please be in regular contact with your site leader at every site to make everyone's experience go smoothly.

Enclosed in this packet are the forms that we as a department need back from each child **before** we start the school year. **Please fill these forms out and return by August 9. You can mail them in or drop them off at our office 3330 Stahl Rd. We have a drop box outside to drop things off if we are not open.** If we do not have these forms on file, we will not be able to accept your student into our care due to safety reasons and emergency contact information. Please fill out each form with as much detail as you can, as this will only help us out during the school year if emergency situations arise. Please also make note of the authorized pick up list of the specific people who are authorized to pick up your student.

If you have any questions about this letter or the enclosed paperwork, please feel free to reach out to me via my contact information below. Once the school year starts, we will also be giving out each site's contact information for any issues that may arise. Thank you, and welcome to KidStop!

Sincerely,

Austin Coss
Recreation Child Care Coordinator
920-459-3929
acoss@sasd.net

Rec Dept Office
920-459-3773
3330 Stahl Rd

Community Recreation Department
3330 Stahl Road • Sheboygan, WI 53081-4431 • 920-459-3773
www.sheboyganrec.com

Recreation Dept-459-3773
Austin Coss, Rec Dept Child Care Coordinator-459-3929
Rec Dept office 3330 Stahl Rd

Registration Forms/Children's Records

The forms must be completed in their entirety and are due at the Community Recreation Department on or before August 9. All children's records are confidential and will be treated as such. The forms to be completed are:

1. Child Enrollment/Photo ID form
2. Medication Form
3. Health History and Emergency Care Plan

Snacks

SASD will again be providing a small snack and drink after school. You may also still bring another snack for your child.

Cell Phones

Children will not be allowed to play on cell phones at Child Care. The Child Care Program will not be responsible for any phones that are lost, stolen, broken or misplaced.

Illness/Communicable Disease Policy

Daily observations will be made of each child upon arrival. If a child arrives ill or becomes ill at the program, the parents or emergency contact will be notified to come for the child immediately. The child will be isolated and observed until pick up. The Community Rec Dept KidStop program follows the guidelines set by the Sheboygan Area School District. Please check the website at <https://www.sheboygan.k12.wi.us/families/school-health> for the complete listing of symptoms.

Medication

For children requiring medication, parents are required to complete a medication form which is available upon request. All prescription medication must be in original container, labeled with the child's name, name of drug, dosage, directions for administering, date and physician's name. Non-prescriptive medication must be labeled with the child's name, dosage, and directions for administering. No herbal medication will be given out without a prescription form a licensed physician.

On-Site Injury

Minor injuries will be treated by using simple first aid. If your child is seriously injured, the director will take whatever steps necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

1. Attempts to contact a parent or guardian.
2. Attempts to contact the persons listed on the emergency information form you completed.
If we cannot contact you or your emergency contacts, we will do any or all of the following:
 1. Contact your physician or medical center for assistance.
 2. Call an ambulance or paramedic.
 3. Have the child taken to the hospital of parent's choice.(listed on your child's enrollment form.)

A medical log will be maintained in which all accidents or injuries will be recorded. This record will also be placed in the child's permanent file.

Drop-Off /Pick up times

Parents MUST sign in their child(ren) in AFTER 6:45AM. Pick-Up Time is no later than 5:30pm. Each site may have a different pickup procedure. You may have to call to have your child released to you or you may have to park at a certain place for them to see you. Please check with your site leader to see what they need you to do for your child's pick up.

Adults Authorized to Pick Up a Child

Only adults 18 and older authorized on the enrollment form by the parents/guardians may pick up a child. This is for the child's protection. If the parent/guardian is sending someone other than the regularly authorized individual, that adult must have a "pick-up ticket" in order to pick up the child.

UNDER NO CIRCUMSTANCES will a child be allowed to leave the center with any person other than those listed on the "authorized persons" list in your child's files unless that individual has a "pick-up ticket." Please remember to complete the child's pick-up authorization information which is part of the child enrollment form.

Parent Communication, Information, Involvement

All questions you have concerning Kid Stop Program should be directed to Austin Coss, the Program Coordinator, 459-3929. To ensure program quality and safety it is imperative that you participate in an active, regular dialogue with the staff about you child's participation and program events.

Please notify the staff immediately of any changes in address, phone numbers, employment, authorized pick-up persons, or emergency contacts. **We must be able to reach you at all times!!**

Schedule

Please be considerate and notify us if your child's schedule changes. Please communicate with the site leader any changes that may happen during the year. With the high enrollment we need to plan our staff schedule carefully and keep everyone safe.

For more information please check out the link on our website www.sheboyganrec.com Included on the site are our policies and procedures. There is also information on our discipline policy, termination policy and accident insurance. Please read over policies and procedures prior to your child attending Kid Stop Child Care. If you have any questions please contact Austin at 459-3929.

Name: _____

Parents/Guardians names: _____

Address: _____

Primary work number: _____

Secondary work number: _____

Primary cell phone: _____

Secondary cell phone: _____

Email address: _____

School: _____ Grade: _____

Birthdate: _____ Age: _____

Height: _____ Weight: _____

Hair color: _____ Eye Color: _____

***Please tape a
current picture
of your child
here.**

Child Enrollment/Photo ID Form

Name	Home Address	Primary phone Cell phone	Work address or address where person can be reached while child is attending child care
Parent/Guardian			
Parent/Guardian			
Parent/Guardian			
Emergency Contact & Authorized Pickup (When parent or guardian cannot be reached)	Relationship to child: _____		
Persons Authorized to Call for Child INCLUDE PARENTS Address and phone info need not be repeated for parents or others already listed above.	1. Relationship: 2. Relationship: 3. Relationship: 4. Relationship:		

Physician Name	Address	Telephone Number
Hospital - please circle preference	St. Nicholas Hospital	
Parent/Guardian Consent-Please cross out any you do not give permission for. By marking the box you agree to all of the following:		
<input type="checkbox"/>	I hereby give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately.	
<input type="checkbox"/>	I give my permission for my child to participate in field trips during operating hours. Details will be given to me in advance of the trip.	
<input type="checkbox"/>	I give my permission for the Child Care Staff to administer my child's sun screen and insect repellent to them as needed.	
<input type="checkbox"/>	I give my permission to have my child's photo taken during Child Care events to be used to promote the program.	
Parent/Guardian Signature	Date	

Health History and Emergency Care Plan

Use of form: This form is voluntary and meets the requirements in DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian may complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address
	Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.	Brand Name
	Ingredient Strength

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have.
 - No specific medical condition
 - Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
 - Asthma
 - Cerebral palsy / motor disorder
 - Diabetes
 - Epilepsy / seizure disorder
 - Gastrointestinal or feeding concerns, including special diet and supplements

- Other condition(s) requiring special care – Specify.
- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies – Specify food(s).
- Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a. _____
- b. _____
- c. _____

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian _____ **Date Signed (mm/dd/yyyy)** _____

Review dates: _____

SHEBOYGAN COUNTY STUDENT MEDICATION AUTHORIZATION FORM

Dear Parent or Guardian:

Medications should be administered to students by their parents/guardians at home whenever possible. In the event this is not possible, proper written consent must be given to designated school personnel to administer medication. **Each medication requires a separate medication form.**

For Nonprescription Medications (FDA Approved):

Parent/Guardian written authorization is required.

For Prescription Medications (and non-FDA Approved Medications):

Parent/Guardian written authorization and Practitioner written authorization is required.

No medication will be administered by school personnel or its agents until the consent forms are completed and on file with the school. Medication authorization and administration forms will be kept and stored confidentially as required under Wis. Stat. 118.29(4).

All medication must be in the original container labeled with the student's name, correct dosage, time and quantity to be given. All prescription medication must be in the original container labeled from the pharmacy. All medication will be kept in a securely locked cabinet or storage area only accessible to those who have been given the authority to administer medications to students.

Parents are responsible for bringing medication to school and picking up unused medication within 10 days after the medication is discontinued. Students are not allowed to transport their medication from school. School personnel who administer medications to students will have been provided orientation and training. Substances, which are not FDA approved (i.e. natural products, food supplements), will require the written instruction of a practitioner and the written consent of the parent. Only those nonprescription drugs that are provided by the parent or guardian in the original manufacturer's package which lists the ingredients and dosage in a legible format may be administered. For the safety and protection of all students, the District reserves the right to refuse administration of a complementary and/or alternative medication, not under FDA regulation even with a prescribing signature, if the use of the product creates aroma exposure and/or safety implication for other individuals within the school setting.

Students who self-administer medication must have a medication authorization form on file at school. It is recommended that students carry no more than one-week supply of medication.

In accordance with the standards of nursing practice, the school nurse may refuse to administer or allow to be administered any medication, which, based on her/his assessment and professional judgment, has the potential to be harmful, dangerous, or inappropriate. In these cases, the school nurse shall notify the parent/guardian and licensed prescriber and the reason for the refusal explained. Under Wis. State 118.29(2)(a)(3), anyone with the authority to administer a non-prescription or prescription drug to a student, excluding nurses, is immune from civil liability unless the act or omission constitutes a high degree of negligence.

Consent form on reverse side

Sheboygan County Medication Authorization Form

Note: Each Medication requires a separate form

Student _____ Birthdate _____
 School _____ Grade _____ Teacher/HR _____
 Medication _____ Dose _____
 Route/Mode of Administration _____ Frequency _____ Duration _____
(Include Summer School, but not to exceed current school year)
 Times to be given _____ Start Date _____ Stop Date _____
 Potential Adverse Reactions _____
 If PRN (as needed) state conditions under which school personnel should administer medication
 i.e. Headache, Fever, Pain, Cough, etc... _____

Student **may** _____ **may not** _____ carry and/or self-administer medications at school.

I hereby give permission for personnel designated by the principal or school nurse to give the above medication to my child according to the directions stated. I also authorize school personnel designated in medication administration to contact my child's practitioner or me if there is a question regarding medication administration. I agree to notify the school when the drug is to be discontinued and/or the dosage or time changed. I understand that if the medication is resumed, a new medication authorization form is required. I understand that any unused medication will be properly disposed of within 10 days if not claimed after discontinuation of the medication. No medication will be sent home with students. I agree to hold the School District, its employees and agents, excluding health care professionals, who are acting within the scope of their duties, harmless in any and all claims arising from the administration of this medication at school.

 (Parent or Guardian Signature) Home phone _____
 Work phone _____
 Date: _____

Physician Completes if Medication is Prescribed:

I acknowledge by my signature on this document that I will assist and advise designated school personnel with regard to the administration of medication described below, which includes accepting direct communication. I further acknowledge that all instructions should be stated in language of the lay person. I further understand that if the student is allowed to self-administer medication that proper instruction has been given.

Diagnosis/Reason for Medication _____
 Medication _____ Dose _____
 Route/Mode of Administration _____ Frequency _____ Duration _____
(Include Summer School, but not to exceed current school year)
 Times to be given _____ Start Date _____ Stop Date _____
 Special Instructions for Administration _____
 Potential Adverse Reactions _____
(If noted, school personnel should contact parent/guardian/or physician)
 Request that school nurse see student in follow-up for: _____
 Student **may** _____ or **may not** _____ carry and/or self-administer medications at school.

 (Practitioner Signature) (Phone Number) _____

 (Practitioner Name) (Practitioner Address) _____



SHEBOYGAN AREA

SCHOOL DISTRICT

Parent/Guardian/Authorized Pick Up or Drop Off Photo Form

Student(s) Name: _____

Adult's Name: _____

Please Attached Photo Here:

Adult's Name: _____

Please Attached Photo Here:



SHEBOYGAN AREA

PUBLIC SCHOOLS
1200 W. WATER ST. SHEBOYGAN, WI 53081
608.451.2000

Parent/Guardian/Authorized Pick Up or Drop Off Photo Form

Student(s) Name: _____

Adult's Name: _____

Please Attached Photo Here:

Adult's Name: _____

Please Attached Photo Here:

Child Care Pick up Tickets

Important Note: Complete the six "pick up" tickets below, sign and give **those people and those people only** permitted to pick up your child(ren) (i.e. grandparents, relatives, or close friends.) Keep the "pick-up tickets" with you at all times. If more tickets are needed, contact Austin at 459-3929. Please destroy all unused "pick-up tickets". These tickets are to be used when someone not listed on your original authorization list is scheduled to pick up your child.

*All authorized persons must be at least 18 years of age.

2024-25 KidStop Pick Up Tickets
Name _____
Address _____
Phone _____
_____ is permitted to pick up
Name of child(ren) _____

Parent Signature _____

2024-25 KidStop Pick Up Tickets
Name _____
Address _____
Phone _____
_____ is permitted to pick up
Name of child(ren) _____

Parent Signature _____

2024-25 KidStop Pick Up Tickets
Name _____
Address _____
Phone _____
_____ is permitted to pick up
Name of child(ren) _____

Parent Signature _____

2024-25 KidStop Pick Up Tickets
Name _____
Address _____
Phone _____
_____ is permitted to pick up
Name of child(ren) _____

Parent Signature _____

2024-25 KidStop Pick Up Tickets
Name _____
Address _____
Phone _____
_____ is permitted to pick up
Name of child(ren) _____

Parent Signature _____

2024-25 KidStop Pick Up Tickets
Name _____
Address _____
Phone _____
_____ is permitted to pick up
Name of child(ren) _____

Parent Signature _____

