



SHEBOYGAN AREA
— SCHOOL DISTRICT —
COMMUNITY RECREATION

Dear Families,

If you are new to the KidStop program, my name is Hannah Martin and I am the Recreation 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!

At KidStop, we provide plenty of opportunities for students to interact with each other before and after school, as we promote free play, arts and crafts projects, physical activities, and much more. Each site will have its specific rules and operations while using the school facilities, so please be in regular contact with your site leader to make everyone's experience go smoothly.

NEW! Starting in 2025: Please be aware that at all sites, we are now asking for a parent/guardian to show their ID at pick up/drop off. This will help with identifying all students' pick up and drop off persons.

If your child has a medical condition that we need to be aware of, or that requires medication, please fill out the Sheboygan County Student Medication Authorization Form. If we do not have this form on file, we will not be able to administer any medication to your child.

If you have any questions about this letter or our policies, please feel free to reach out to me via my contact information below. Before your child starts KidStop, we will also be giving out each site's contact information for any issues that may arise.

Thank you, and welcome to KidStop!

Sincerely,

Hannah Martin
Recreation Coordinator
920-459-3929
hmartin@sasd.net

IMPORTANT INFORMATION ABOUT CHILDCARE

Cell Phones

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

Drop-Off /Pick up times

Parents MUST sign in their child(ren) AFTER 6:45 AM. Pick-up time is no later than 5:30 PM.

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.

Identification

For safety and identification purposes, a current photo of your child is required. During the sign-up process, you will be asked to allow that we use your child's school picture from Skyward. If you decline this, you must submit a current photo of your child to us.

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 pick up the child immediately. The child will be isolated and observed until picked up. The 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 more information.

Medication

For children requiring medication, parents are required to complete a medication form which is available within this packet. All prescription medication must be in its 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 without a prescription from a licensed physician.

On-Site Injury

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

- Attempts to contact a parent or guardian.
- Attempts to contact the persons listed on your child's registration.

If we cannot contact you or your emergency contacts, we will do any or all of the following:

- Contact your physician or medical center for assistance.
- Call an ambulance or paramedic.
- Have the child taken to the hospital of the parent's choice (listed in your child's registration).

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.

IMPORTANT INFORMATION ABOUT CHILDCARE

Parent Communication, Information, Involvement

To ensure program quality and safety it is imperative that you participate in an active and regular dialogue with the staff about your child's participation and program events.

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

All questions concerning the KidStop program should be directed to the Coordinator at 920-459-3929.

Please notify us as soon as possible if your child's schedule changes.

Payment/Refund Policy

Fees are due weekly on the Friday before your week of care. Payments can be made online, over the phone, or in person at the Recreation Department. No payments are accepted on site.

Autopay is available and can be set up by contacting the Rec Department.

To be eligible for a refund or fee adjustment, changes to your child's schedule must be reported at least 2 weeks prior. No refunds will be given for short-notice cancellations. This includes cancellations for medical reasons and last-minute changes to your drop-off/pick-up schedule.

Refunds for snow days or other short-notice cancellations initiated by the Sheboygan Area School District will accumulate throughout the year and equivalent care will be provided at no charge towards the end of the school year.

Failure to pay will result in the child getting excluded from any future Recreation Department childcare.

Pick-up Authorized Adults

When you register your child, please make sure to list everyone who might pick up your child from KidStop. Photo ID will be required on site for anyone picking up a child. Only adults 18 and older listed during the registration process may pick up a child. This is for the child's protection.

If the parent/guardian is sending someone other than the regularly authorized individuals, the parent/guardian need to notify the site or the Rec Department ahead of time. The adult will be required to show a photo ID upon pickup.

Under no circumstances will a child be released to anyone who is not listed as an authorized individual in the child's records, unless prior consent has been provided by a parent or guardian.

For more information, please check out the link on our website www.sheboyganrec.com

Included on the website are our policies, procedures, and information about accident insurance.

Please read over the policies and procedures before your child attends KidStop Child Care. If you have any questions, please contact the coordinator at 920-459-3929.

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) _____