

Oakey Grove Baptist Church

Mother's Day Out Program

911 N. Belair Road

Evans, GA 30809

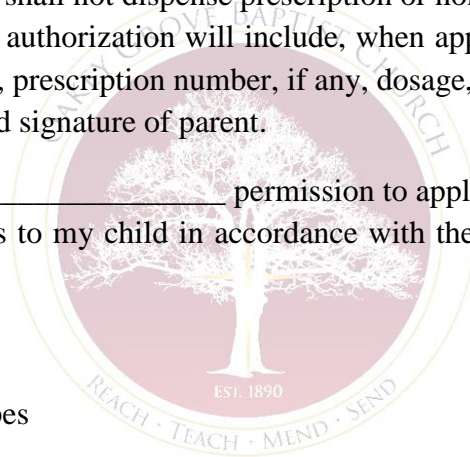
OFFICE - (706)863-4215 FAX - (706) 210-9440

EMAIL - office@oakeygrove.org

Authorization to Dispense External Preparations

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization will include, when applicable, date, full name of the child, name of the medication, prescription number, if any, dosage, the dates to be given, the time of the day to be dispensed, and signature of parent.

I give _____ permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.



_____ Baby Wipes

_____ Band-Aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non- prescription ointment (such as A&D, Desitin, & Vaseline)

Other (please specify) _____

Parent/ Guardian Signature _____ Date _____

OAKEY GROVE MOTHER'S DAY OUT PROGRAM

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Mother's Day Out Program (MDOP)

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Evans, GA 30809

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Parent Release Form for Media Recording

I, the undersigned, do hereby, grant or deny permission to Oakey Grove Mother's Day Out Program (OGMDOP) to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Oakey Grove website.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage: I want my child's image used within the OGMDOP setting only (not in larger community)
 - Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within OGMDOP or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage: I want my child's image used on printed material only (no digital or video use).
 - Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by OGMDOP for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/ Guardian Signature _____ Date _____

Safe Sleep Practices Policy

Safe Sleep Practices Policy Child's name: _____ Date of birth: _____

Parent/Guardian name: _____

Safe Sleep Practices/Policies:

1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.

2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.

3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.

4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.

5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.

6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice: _____

7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleep.

8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.

9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature _____ Date _____

EMERGENCY PLANS AND PROCEDURES

Oakey Grove Mother's Day Out Program, herein known and referred to as OGMDOP, has a list of plans and procedures in place for the possible emergency circumstances listed below. All OGMDOP Staff are educated on the plans and procedures, and are equipped with an emergency bag containing an up-to-date attendance sheet and contact list for the assigned classroom and a first aid kit. Monthly drills are performed in the event of a fire or tornado. As in any emergency, OGMDOP main concern is for the safety of its Staff and clientele. In all emergency situations, Staff do their best to keep all children as calm as possible.

FIRE:

In case of fire, Staff is to escort children out of the facility by exiting through an approved EXIT ONLY door and using the designated FIRE ESCAPE ROUTE. Should the exit route be blocked, Staff will escort children through the facility's main front entrance. All Staff and children are to meet at designated SAFE PLACE as far away from facility as possible. Staff is to conduct attendance to ensure all children have been safely escorted from the building. Proper notification to the local Fire Department is to be made immediately by an Administrator. Staff is to notify parents once final attendance is complete and all children are safe and accounted for.

TORNADO:

In case of severe weather, Staff is to keep children indoors, away from windows, and as calm as possible as well as keeping all floors as dry as possible to prevent any further incidents/accidents. In case of tornado, Staff is to escort children into the hallway or an interior room away from windows. Children will be instructed to sit on the floor with their heads between their knees and backs against the wall. Administration will have cell phones on hand for weather updates and call emergency response immediately upon execution of the emergency plan. Staff is to conduct attendance after imminent danger has passed and notify parents once all children are safe and accounted for.

ELECTRICAL POWER OUTAGE:

In case of electrical power loss, Staff is to keep children as calm and entertained as possible. Administration is to contact the power company to report the loss and request an estimation of when power will be restored. In warmer weather, Staff is to open windows to allow air flow into the classroom, if possible, to keep children cool. In cooler weather, Staff is to put warmer clothing on children and/or utilize blankets to keep children warm. If an extended power outage is expected, OGMDOP will close for the day. Staff is to notify parents for children to be picked up as soon as possible from facility.

LOSS OF WATER SERVICE:

Bottled water is kept on hand within the facility in the event a loss of water service should occur. 2 sealed gallon jugs of water are stored in each classroom for drinking purposes. 2 gallon jugs of water are also

stored in each classroom for sanitation purposes. Administration is to report the loss to the proper city authorities or local plumber to report the loss and request an estimation of time until restoration. In the event OGMDOOP will be without service for an extended period, the facility will close for business until proper repairs are complete. Staff is to notify parents for children to be picked up as soon as possible from the facility.

GAS LEAK:

In case of a gas leak, Staff is to escort children out of the facility through approved EXIT ONLY doors and using approved EXIT ROUTE as soon as possible. Administration and Staff will meet at designated SAFE PLACE as far away from facility as possible. Staff is to conduct attendance to ensure all children have been safely escorted from building. Administration is to contact local fire department to report the gas leak immediately. Staff is to notify parents once final attendance is complete and all children are safe and accounted for.

STRUCTURAL DAMAGE:

In case of structural damage, Staff is to escort children out of the facility through approved EXIT ONLY doors and using approved EXIT ROUTE as soon as possible. Administration and Staff will meet at designated SAFE PLACE as far away from facility as possible. Staff is to conduct attendance to ensure all children have been safely escorted from building. Administration is to contact local fire department to report the gas leak immediately. Staff is to notify parents once final attendance is complete and all children are safe and accounted for.

BOMB THREAT:

In case of a bomb threat, Staff is to escort children out of the facility through approved EXIT ONLY doors and using approved EXIT ROUTE as soon as possible. Administration and Staff will meet at designated SAFE PLACE as far away from facility as possible. Staff is to conduct attendance to ensure all children have been safely escorted from building. Administration is to contact local fire department to report the gas leak immediately. Staff is to notify parents once final attendance is complete and all children are safe and accounted for.

SERIOUS INJURY:

In case of serious injury to a child, local emergency service (911) is to be called immediately and Administration is to be notified. Staff is to do their best to keep child calm and comfortable until medical service arrives. Staff and/or Administration are to notify parents to report the injury and give any information concerning the injury including subsequent information such as where the child is taken for medical care, if possible. Staff is responsible for completing an Incident Report detailing the injury and any actions taken and presenting it to the parent for review and signature. The Incident Report is to be kept on-site within the child's permanent file at the facility.

LOST CHILD:

To keep each of the children safe at OGMDOP, no child is EVER left alone, and children are accounted for at ALL times. In the event a child does become lost, Staff is to notify Administration for 911 and/or the local police department to be contacted immediately. Staff and/or Administration are to notify parents to report the child has been lost should an extended amount of time has elapsed. All available Staff and/or Administration are to look throughout entire facility, playground areas, and immediate surrounding areas. Once the child is found, he/she must be examined by local authorities/medical services to ensure health and safety are restored. Staff is responsible for completing an Incident Report detailing the injury and any actions taken and presenting it to the parent for review and signature. The Incident Report is to be kept on-site within the child’s permanent file at the facility.

DEATH OF CHILD:

To keep each of the children safe at OGMDOP, no child is EVER left alone, and children are accounted for at ALL times. In the unfortunate event a child does succumb to loss of life, Staff is to notify Administration for 911 and/or the local police department to be contacted immediately. All Staff is trained in CPR and is to make all attempts to resuscitate the child. Staff and/or Administration are to notify parents to report the incident. Staff is responsible for completing an Incident Report detailing the injury and any actions taken and presenting it to the parent for review and signature. The Incident Report is to be kept on-site within the child’s permanent file at the facility.

COPIES OF ALL FACILITY LICENSES, RULES, EVALUATION REPORT, COMMUNICABLE DISEASE CHART, STATEMENT OF PARENT ACCESS, NAMES OF PERSONS IN CHARGE, CURRENT MONTHLY MENU, EMERGENCY PLANS, AND STATEMENTS FOR VISITORS ARE POSTED ALWAYS IN THE RECEPTION AREA.

I have read and fully understand the Emergency Plans and Procedures above. I hereby accept and agree to the terms stated by Oakey Grove Mother’s Day Out Program. I have received an exact copy of the Emergency Plans and Procedures for my own records.

PARENT/GUARDIAN

DATE

PARENT/GUARDIAN

DATE

DIRECTOR

DATE

OAKEY GROVE MOTHER'S DAY OUT PROGRAM

www.oakeygrove.org
911 N BELAIR DRIVE- EVANS, GA 30809
(706) 863-4215

CHILD INFORMATION

NAME: _____

SEX: M / F AGE: _____ DATE OF BIRTH: _____ HOME PHONE: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PARENT INFORMATION

PARENT 1: _____

ADDRESS (IF DIFFERENT FROM CHILD): _____

PHONE: _____ EMAIL: _____

EMPLOYER: _____ WORK PHONE: _____

PARENT 2: _____

ADDRESS (IF DIFFERENT FROM CHILD): _____

PHONE: _____ EMAIL: _____

EMPLOYER: _____ WORK PHONE: _____

CHILD'S LIVING ARRANGEMENTS: (CHECK ONE) BOTH PARENTS MOTHER FATHER OTHER CHILD'S

LEGAL GUARDIAN: (CHECK ONE) BOTH PARENTS MOTHER FATHER OTHER

AUTHORIZED PICK-UPS & EMERGENCY CONTACTS

THE FOLLOWING PEOPLE SHOULD BE CONTACTED IF PARENT/GUARDIAN CANNOT BE REACHED. THE CHILD MAY ALSO BE RELEASED TO THE FOLLOWING:

1. NAME: _____

RELATIONSHIP TO CHILD: _____ RELATIONSHIP TO PARENT: _____

PHONE: _____ ADDRESS: _____

2. NAME: _____

RELATIONSHIP TO CHILD: _____ RELATIONSHIP TO PARENT: _____

PHONE: _____ ADDRESS: _____

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SCHOOL INFORMATION

NAME OF PUBLIC/PRIVATE SCHOOL CHILD ATTENDS (IF ANY):

- RIVERRIDGE ELEMENTARY GRADE: _____
- GREENBRIER ELEMENTARY GRADE: _____
- EVANS ELEMENTARY GRADE: _____
- OTHER: _____

MEDICAL INFORMATION

CHILD'S DOCTOR: _____ CLINIC'S NAME: _____

PHONE NUMBER: _____ ADDRESS: _____

MY CHILD HAS THE FOLLOWING **SPECIAL NEEDS**: _____

THE FOLLOWING **SPECIAL ACCOMMODATION(S)** MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THE CENTER: _____

MY CHILD IS CURRENTLY **ON MEDICATION(S)** PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PREEXISTING ILLNESS, ALLERGIES, OR HEALTH CONCERNS:

EMERGENCY MEDICAL AUTHORIZATION

SHOULD (CHILD'S NAME) _____ DATE OF BIRTH _____ SUFFERS AN INJURY OR ILLNESS WHILE IN THE CARE OF OAKEY GROVE SUMMER ENHANCEMENT CAMP AND THE FACILITY IS UNABLE TO CONTACT ME (US) IMMEDIATELY, IT SHALL BE AUTHORIZED TO SECURE SUCH MEDICAL ATTENTION AND CARE FOR THE CHILD AS MAY BE NECESSARY. I (WE) SHALL ASSUME RESPONSIBILITY FOR PAYMENT FOR SERVICES.

PARENT/GUARDIAN NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FACILITY DIRECTOR/PERSON-IN-CHARGE (PRINT): _____

FACILITY DIRECTOR/PERSON-IN-CHARGE SIGNATURE: _____

DATE RECEIVED: _____

Food Allergy Action Plan

Student's Name _____ D.O.B _____ Teacher _____

ALLERGY TO: _____

Asthmatic? Yes* No

*High risk for severe reaction

STEP 1: TREATMENT

Symptoms:

Give Checked Medication**

- | | |
|--|---|
| ▪ If a food allergen has been ingested, but no symptoms: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Skin Hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Gut Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Throat† Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Lung† Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Heart† Thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Other† _____ | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ If reaction is progressing (several of the above areas affected), give | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. †Potentially life threatening.

DOSAGE

Epinephrine: Inject intramuscularly (circle one) EpiPen® EpiPen®Jr. Twinject™0.3mg Twinject™ 0.15mg

Antihistamine: give _____

Other: give _____

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1). _____ 2). _____
b. _____	1). _____ 2). _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____