

**MAPLEWOOD ENRICHMENT CENTER  
CHILD'S FACE SHEET/ENROLLMENT FORM**

Fit-N-Fun Kids \_\_\_\_\_ Vacation Station \_\_\_\_\_ Group Day Care \_\_\_\_\_ School Age Care \_\_\_\_\_

Child's Name \_\_\_\_\_ Eye Color \_\_\_\_\_ Skin Color \_\_\_\_\_

Home Address \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_

Telephone \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

**Date of Admission:** \_\_\_\_\_ Age at Admission \_\_\_\_\_ Grade at Admission \_\_\_\_\_

Date of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_

Identifying Marks \_\_\_\_\_

Allergies / special diets \_\_\_\_\_

**Parent / Guardian Information:**

**Primary Email Address:** \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Parent / Guardian Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home address \_\_\_\_\_ Home address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Business Name \_\_\_\_\_ Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Hours at work \_\_\_\_\_ Hours at work \_\_\_\_\_

**Additional Information:**

Child's Physician/Clinic \_\_\_\_\_  
Name Address Phone

Chronic Health conditions \_\_\_\_\_

Special limitations or concerns \_\_\_\_\_

School Age Only: Current School \_\_\_\_\_ School Address \_\_\_\_\_

I certify that documentation of physical examination and immunization in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAPLEWOOD ENRICHMENT CENTER**

**First Aid and Emergency Medical Care**

**Consent Form 102 CMR 7.09(3)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment to my child.

Child's Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Chronic Health Conditions \_\_\_\_\_

(if none please indicate none)

**Emergency Contacts (in order to be contacted)**

Name: \_\_\_\_\_ Address : \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Address : \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Address : \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone (w) \_\_\_\_\_

Phone (h) \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone (w) \_\_\_\_\_

Phone (h) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MAPLEWOOD ENRICHMENT CENTER**

**Transportation Plan and Authorization**

**7.09(3) AND 7.12(1)**

Child's Name: \_\_\_\_\_

**My Child will arrive at the program by:**

- \_\_\_\_\_ Unsupervised Walk
- \_\_\_\_\_ Supervised Walk (Who \_\_\_\_\_)
- \_\_\_\_\_ School Bus Drop Off
- \_\_\_\_\_ Program Bus
- \_\_\_\_\_ Program Van
- \_\_\_\_\_ Parent Drop Off
- \_\_\_\_\_ Other (Describe \_\_\_\_\_)

**My Child will depart from the program by:**

- \_\_\_\_\_ Parent Pick Up
- \_\_\_\_\_ Unsupervised Walk
- \_\_\_\_\_ Supervised Walk (Who \_\_\_\_\_)
- \_\_\_\_\_ School Bus Drop Off
- \_\_\_\_\_ Program Bus
- \_\_\_\_\_ Program Van
- \_\_\_\_\_ Other (Describe \_\_\_\_\_)

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one year from the date of signature.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAPLEWOOD ENRICHMENT CENTER**

**Medication Consent Form  
Consent Form 102 CMR 7.05(c)**

Name of Child: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescription: \_\_\_\_\_ Non-Prescription: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Time(s) medication to be given: \_\_\_\_\_

Reason(s) for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Name and phone number of prescribing physician: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

I, \_\_\_\_\_, (parent or guardian) give permission to authorize staff member(s) to administer medication to my child as indicated above.

\_\_\_\_\_  
Parent / Guardian Signature, Date

Doctor's Signature \_\_\_\_\_  
(for non-prescription medication)

See reverse side of form for Medication Policies

## Medication Policies

### **Prescription and Non-Prescription Medication:**

- Requires specific written instructions signed by the physician and authorization by a parent or guardian for administration by the director or person designated to give medication at Maplewood Enrichment Center.
- 105 CMR 430 160(A) – Medication prescribed for children shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statement, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medication for children shall be kept in the original container, containing the original label, which shall include the directions for use.
- If a liquid medication is to be administered at the Maplewood Enrichment Center, the parent must provide the administration device with clear marked measurements (medicine sip-vial, medicine cup, dropper or syringe)
- 105 CMR 430 160(C) – Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. If the health care professional authorized to administer prescription medications, the administration of medication shall be under the professional oversight of the health care consultant. Medication prescribed for children brought from home shall only be administered from its original container, there is written permission from the parent/guardian and the health care consultant approved in writing the administration of the medication.
- Non-prescription ointment, topical lotion requires only a note signed by a parent, specifying time and dosage (not to exceed 3 months). It must be in original container with legible label and child's name.
- 105 CMR 430 160(D) – When no longer needed, medications shall be returned to a parent or guardian whenever possible the medication cannot be returned, it shall be destroyed.

\* Health supervisor - A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

**CLIMBING CLASS / CHALLENGE COURSE  
RELEASE AND ASSUMPTION OF RISK**

Camp Maplewood, Inc. is sponsoring this Climbing Class, which includes class instruction and voluntary use of a climbing wall and challenge course (the "Activity"). On behalf of my child, I acknowledge that use of the climbing wall and challenge course involves known and unanticipated risks which could result in physical or emotional injury paralysis, death or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the wall climbing and challenge course activity. The risks include, among other things; falling on the ground; falling on others' others falling on my child; exposure to the forces of nature; participating beyond my child's personal limits; musculoskeletal injuries; head injuries; or my child's own or other persons' negligence.

On behalf of my child, I expressly agree and promise to accept and assume all of the risks existing in the Activity. My child's participation in the Activity is purely voluntary, and I elect to allow my child to participate notwithstanding the risks.

On behalf of myself, my child and any person representing myself or my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Camp Maplewood, Inc., Maplewood Country Day Camp, Inc. and Maplewood Enrichment Center, Inc. (collectively called the "Released Parties") and their respective shareholders, directors, officers, employees and agents, from and against any and all claims, demands or causes of action which are in any way connected with my child's participation in the Activity or my child's use of equipment or facilities, including any such claims which allege negligent acts or omissions by and of the Released Parties. I also promise that neither I, my child, nor any other person, will bring any lawsuit or other legal proceeding against any Released Party based on my child's participation in the Activity or specifically my child's use of the climbing wall.

I certify that I have adequate insurance to cover any injury or damage my child may cause or suffer while participating and in all events agree to bear the costs of such injury or damage myself. I further certify that my child has no medical or physical conditions, which could interfere with my child's safety in the Activity or use of the climbing wall and challenge course, or if my child does have such a condition, I assume – and bear the costs of – all risks that may be created, directly or indirectly, by the condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in the Activity or use of the climbing wall and challenge course, I, my child and any other person claiming for my child or myself, have waived the right to maintain a lawsuit against any Released Party on the basis of any claim from which I have released it herein.

The Agreement is a Massachusetts contract and will be governed and interpreted in accordance with the laws of the Commonwealth of Massachusetts. Any provision of this Release deemed invalid or unenforceable will not render invalid any other provision or term hereof which will remain in full force and effect throughout.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Name of Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name