

Little Hokie™ Hangout

Emergency Information and Plan

Does your child have any allergies? Yes No

If yes, please detail the type and severity: _____

If yes, please detail usual symptoms and treatment: _____

Emergency Contacts

Please list emergency contact information for one individual who is not a parent of the child in the program.

Name: _____

Mailing Address: _____

Home Phone: _____ Mobile Phone: _____ Relationship to Child: _____

Agreement and Emergency Plan Acknowledgement

1. In the case of an emergency, the Playgroup will follow the emergency plan as outlined in the handbook. This plan may include calling 9-1-1 if the Group Leader or Director deems it necessary.
2. In the event of a true medical emergency, the child (or Parent Worker) will be taken to the closest hospital for treatment. This hospital is Lewisgale Hospital located at 3700 South Main Street in Blacksburg.
3. A completed "Emergency Treatment Authorization Form" must be completed and submitted with the enrollment packet.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Witness name: _____

Witness Signature: _____

Date: _____

**YOU MUST ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS TO THIS FORM.
THESE RECORDS MUST BE UPDATED EVERY TWO YEARS.**

Child's Name: _____

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Emergency Treatment Authorization

If your child requires emergency medical care and you are not available to grant a formal consent to the physician, hospital, emergency medical personnel or other medical authorities, care may be delayed. In order to protect the health and safety of your child, you must have a completed Emergency Consent Form on file. In the event of a true medical emergency, this form will accompany your child to the hospital. **Please complete and sign two copies of this form.**

I herein authorize and give my consent for all medical and/or surgical treatment that may be required for my child in my absence.

Child's Full Name: _____ Date of Birth: ____ / ____ / ____ (MM/DD/YY)

Medical Conditions: _____ Allergies: _____

Current Medications: _____ Last Tetanus Immunization: ____ / / ____

Child's Regular Physician: _____ Physician Phone: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Health Insurance Company: _____

Member Number: _____ Group Number: _____

Policy Holder Name: _____ Date of Birth: ____ / ____ / ____

Printed Name: _____

Signature: _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____ Date: _____

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Statement of Reporting Communicable Diseases

The Commonwealth of Virginia requires that an official diagnosis of any of the diseases found on the reportable disease list be immediately reported to officials (and to the childcare Program Director). The list and official form is attached.

I have reviewed the list of diseases that are legally required to be reported to the Commonwealth of Virginia and agree to report a diagnosis of any of the included diseases as quickly as possible via the approved form. For my reference, I understand that a list of diseases requiring report by the VDH is on display in the classroom.

Child's Name : _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

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Agreement to Release Assumption of Risk and to Hold Harmless

Child's name: _____

Parent/Guardian's name: _____

I _____ am aware that there are inherent risks involved in participating in the Playgroup. The risks include, but are not limited to, theft or damage to property and personal injury to my child or myself from participating in Playgroup activities. These inherent risks may be minimized by the exercise of sound personal judgment and prudent action by me.

In consideration of being granted membership in the Little Hokie™ Hangout (LHH) use of Playgroup facilities and participation in LHH Playgroup activities, I, on behalf of myself, my executors, administrators, heirs and next of kin, hereby agree to hold harmless and indemnify Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, including respective agents, employees, students, and volunteers, from any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorneys' fees), charges, liabilities, and/or exposures however caused resulting from or arising from my or my child's participation in the LHH Playgroup.

No accident or medical insurance is provided by the LHH or Virginia Polytechnic Institute and State University.

I further grant Virginia Polytechnic Institute and State University and its agents the right to use my and/or my child's image for photographic or filming purposes to promote or advertise the LHH or other program availability. This may include public displays of my and/or my child's image.

My signature below demonstrates that I have read, understand, and consent to this agreement.

Name: _____

Signature: _____ Date: _____

Field Trip Release Form

In addition, I give permission for my child to go on field trips arranged through the LHH. I understand that I will be informed in advance of any field trips beyond the facilities used regularly by the Playgroup, including other rooms within the building and amenities on its grounds, and that I am welcome to accompany the group on these trips.

Name: _____

Signature: _____ Date: _____

Approved Snack List and Guidelines

The following is a list of approved snacks that meet the criteria of VDSS and the USDA. Parents who are contributing snack as a part of their Parent Worker Obligation must select items from this list. If you have any questions, please email childcare@vt.edu.

Please note while snacks do not need to be organic, looking for things that contain fewer dyes, preservatives and chemicals is always a good idea. **Each snack should involve two components.** Please bring snacks that are ready to serve.

Please do not bring sugary treats (candy, cookies, etc.) for snack time. WE WILL NOT SERVE THESE ITEMS to the children.

****We are a nut-free program. Please do NOT bring foods that contain peanuts or tree nuts as part of your snack.**

<p>Fruit and Vegetable Ideas apple slices (pre-packaged) dried fruits/fruit leather (no sugar added) raisins or craisins clementines (seedless) oranges bananas strawberries (whole, uncut) other berries applesauce (no sugar added)</p> <p>Dairy cheese sticks/blocks (individually wrapped) string cheese cream cheese yogurt tubes other cheeses (i.e. laughing cow)</p>	<p>Grain crunchy breadsticks rice cakes (no sugary ones, please) whole grain cereals whole grain crackers pretzels cheese crackers (i.e. goldfish) graham crackers cereal bars (no nuts) mini-bagels pita</p> <p>Protein sunflower seed butter raw seeds (pumpkin, etc.) NO NUTS hummus</p>
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<p>DO NOT BRING: whole grapes popcorn carrots nuts of any kind “treats” like cookies</p>	<p>EXCEPTIONS: We are happy to allow parents to bring in a special treat to celebrate their child’s birthday! Treats should be nut-free. Please let your teacher know ahead of time.</p>
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Child's Name: _____

Little Hokie™ Hangout**Luther Memorial Lutheran Church Assumption of Risk**

In order to participate in any program affiliated with Luther Memorial Lutheran Church (LMLC) or on property owned by LMLC, every participant must have on file this Assumption of Risk Waiver of Claim form.

I understand and agree to the following:

1. I hereby expressly assume the risk of any physical injury or other loss that I or my dependant child might sustain as the result of participating in this activity
2. I also expressly waive and covenant not to sue on any claim I or my dependant child might have against the LMLC, or any volunteer, or the estate or representatives of such for any personal injury or loss I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract or otherwise; except that this waiver shall not apply to any claim I might have for any such personal injury or loss I might sustain out of gross or criminal negligence

Child's Name (if applicable): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____