



Requirements for youth in Rec Programs

Using the “Drop off/ Pick Up/ Emergency Adult Form”

1. The Rec Department requires a “Drop off/Pick Up/Emergency Adult” form for each child in a Rec Program, other than a Leadership Program. Please list all adult persons who may be considered to drop off or pick up your child. Please ensure there are adults on the list that are available within 15 minutes in case an early pick up is required due to illness or emergency. Also ensure there are adults on the list that are available within 15 minutes in the event the normal person picking up gets stuck in traffic or has some other emergency.
2. All persons on the form, and who drop off/sign in your child and who pick up/sign out your child **MUST** be aged eighteen or older. While we understand it is difficult to get here on time to pick up your child sometimes, we cannot allow children to be signed out to any underage person(s). This is extremely important; if an ID says a person is under the age of eighteen, your child will not be released to them.
3. If you would like to add someone to your emergency list sometime after you submit it, we require an email or a signed note from the parent/guardian specifying who you will be adding to the list, as well as a phone number for that person in case of emergencies.
4. According to Beekman Recreation Pick-up Policy children must be picked up at or before the scheduled time. It is the parent/guardians’ responsibility to have a back-up plan should there be an issue that would cause a late pick up from any program. Late pick-ups may jeopardize a child’s placement in the program. If a child is picked up late 3 times within a 6 month period the child may be removed from the Rec Programs. Parents of children who are not picked up on time will be charged a **\$1/minute Late Pick-up Fee**. The child may not be able to continue participating in the program until the fee has been received.

Additional requirements specifically for Summer Camp

1. Camp drop-off begins promptly at 9 AM. Unless you have signed up for early care you will **NOT** be allowed to sign in your child until 9 AM. If you would like early care, you must sign up for it prior to the day you need it. If you come to early care and request we accept your child after not signing up, we will not be able to accommodate you.
2. The signature of an adult that is listed on the “Drop off/Pick Up/Emergency Adult” form is required in the morning to sign your child into camp. Please do not send your child into camp using service, such as a taxi, an Uber, a Lyft, etc., as this person **IS NOT** on your emergency contact list and **WOULD NOT** be allowed to sign your child into camp. This rule is also being enforced for the safety of your child; some of these services may be unreliable and if your child does not show up at camp, we will not have a way to get in touch with them and it may be difficult for you to get in touch with them as well.



School Year Programs Health History and Permission to Participate

2020-2021
School Year

Participant Last Name Participant First Name Date of Birth Date of last physical examination

Family medical/hospital insurance carrier Policy/Group No

Health History (check, giving approximate dates where indicated):

| | | | |
|---|---------------------------------------|--|--------------|
| Conditions: | Allergies: | Diseases: | Dates |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Asthma | <input type="checkbox"/> Mononucleosis: | _____ |
| <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chicken Pox: | _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Measles: | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insect Sting | <input type="checkbox"/> German Measles: | _____ |
| <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Mumps: | _____ |

Other diseases or details of above: _____

Operations or serious injuries (dates): _____

For females: Has this child menstruated? _____ If not, has she been told about it? _____ If so, is her menstrual history normal? _____

Dietary Modifications: _____

Suggestions or health related information or restrictions for Rec staff: _____

Prescription drugs taken on regular basis: _____

Please note: No drugs will be administered by staff at the Program. Participants must be able to Self-Administer any needed medications

Standard Over the Counter/PRN Medications The following medications are available and will be administered at the discretion of the staff in the administration of First Aid IF the parent OK's the use by circling "yes". Please note, for CAMP this must be approved by a Physician!

| Drug Name | Route | Dosage and | Indications | Parent's Permission | Comments |
|------------------------------|---------|------------------------|--|------------------------|----------|
| Antibiotic Ointment | Topical | Per label Instructions | Superficial Cuts/abrasions | Yes No | |
| Hydrocortisone Cream | Topical | Per label Instructions | Allergic Reactions, (contact dermatitis, insect bites) | Yes No | |
| Calamine Lotion (or Generic) | Topical | Per label Instructions | Allergic reactions (hives, insect bite) | Yes No | |
| Saline Solution/ Eye Wash | | Per label Instructions | Dust/Sand In Eyes | Yes No | |
| Sting Stop | Topical | Per label Instructions | Insect bite | Yes No | |
| Alcohol Wipes | Topical | Per label Instructions | Superficial Cuts/ Abrasions | Yes No | |

| | | |
|-----------------|---------------|--------------------|
| Physician Name | Dentist Name | Orthodontist Name |
| Physician Phone | Dentist Phone | Orthodontist Phone |

The Child Information and this Health History is correct so far as I know. As the parent/guardian the person herein described has permission to engage in all After School and School's Out and Friday Night Program activities except as noted. I release the Town of Beekman, its officers and its Directors from any liability from any injury or loss suffered during this program. I further state that said person is in good health and medical condition unless otherwise indicated. I agree that any letters, projects, photos and videos made during the program are the property of the Town of Beekman and as such can be used for display purposes and promotional materials. **Emergency Authorization: If an emergency arises and neither parent nor alternative persons can be reached at once, I authorize Beekman Rec Staff to take all measures that they consider necessary for the protection of the health and safety of my child, including hospitalization.** I hereby give permission to the medical personnel selected by the Staff to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injections or anesthesia and/or surgery for me or my child as named above.

Signature of parent or guardian: _____ Date: _____



Forms are due PRIOR TO REGISTERING FOR CAMP or AFTER SCHOOL Rec Program

Drop Off/Pick Up/Emergency Adult Form

This page to be filled out by parent/guardian

29 Recreation Center Road, Hopewell Junction, NY 12533 845-227-5783 845- 227-9685(fax)

email: recassistant@townofbeekmanny.us

2020-2021
School Year

Beekman Recreation and Parks will only sign in or sign out children to adults authorized by the parent.

- Use this form to authorize all the adults you may use for this purpose.
- Please list the parent/guardians and all adults (must be 18 or over) who are authorized to drop off, or pick up your child.
- The adults should bring photo ID when dropping off or picking up a child.
- There should be a minimum of 2 adults that are within 15 minutes of the Rec in the event of an emergency
- The adults listed can be used for regular pick up or may be called for pick up in the event of an emergency or behavior problem

| | | | |
|--------------------------|---------------------------|----------------|---------------|
| Participant #1 Last Name | Participant #1 First Name | Middle Initial | Date of Birth |
| Participant #2 Last Name | Participant #2 First Name | Middle Initial | Date of Birth |
| Participant #3 Last Name | Participant #3 First Name | Middle Initial | Date of Birth |
| Participant #4 Last Name | Participant #4 First Name | Middle Initial | Date of Birth |

Family Street Address _____ Town _____ State _____ Zip _____

Parent/Guardian #1 Last Name _____ Parent/Guardian #1 First Name _____ Parent/Guardian #1 date of birth _____ Parent/Guardian #1email address _____

Parent/Guardian #1 Home Phone _____ Cell Phone _____ Place of Work _____ Work Phone _____

Parent/Guardian #2 Last Name _____ Parent/Guardian #2 First Name _____ Parent/Guardian #2 date of birth _____ Parent/Guardian #2email address _____

Parent/Guardian #2 Home Phone _____ Cell Phone _____ Place of Work _____ Work Phone _____

Other than the parents/guardians listed above, this is a list of other adults who are authorized to sign in, sign out, or pick up in case of an emergency. Those with a * are available during program to pick up child within 15 minutes.

Emergency Adult #1 Last Name _____ Emergency Adult #1 First Name _____ Relationship to child _____

Emergency Adult #1 Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Adult #2 Last Name _____ Emergency Adult #2 First Name _____ Relationship to child _____

Emergency Adult #2 Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Adult #3 Last Name _____ Emergency Adult #3 First Name _____ Relationship to child _____

Emergency Adult #3 Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Adult #4 Last Name _____ Emergency Adult #4 First Name _____ Relationship to child _____

Emergency Adult #4 Home Phone _____ Work Phone _____ Cell Phone _____

Signature of parent or guardian: _____ Date: _____

Town of Beekman Recreation & Parks

4 Main Street

Poughquag, NY 12570-9601

845-227-5783 845-227-9685F

RecAssistant@townofbeekman.ny.us www.beekmanrec.com



Program Behavior Guidelines

The mission of the Town of Beekman Recreation & Parks Department is to provide recreational opportunities which will encourage a healthy and active lifestyle. We strive to promote lifelong leisure skills and to enhance the quality of life and sense of community for all residents of the Town of Beekman.

Expectations of Parents

- Child's health and emergency information will be kept up to date; the Rec Office will be informed of any changes
- Children with a fever or contagious illness must be kept home
- For programs requiring a "sign-out" a parent, or designated adult as indicated on Registration Form, will come with photo ID and sign child out
- Parents will support Beekman Rec expectations of children and the discipline policy
- Parents will be available, or have an emergency contact that is available, to pick up their child immediately in the event of an injury, a health, or a discipline issue

Expectations of Children

We expect the children in our programs to be a positive part of our caring community: staff model, and children are guided, to be kind, considerate, caring and helpful

- Children will be honest
- Children are responsible for their own belongings
- Children are responsible for controlling their own behavior keeping their hands and bodies to themselves
- Children will be toilet trained unless in "Care giver and Me" programs
- Children are respectful to staff and listen to staff with a caring heart
- Children are respectful to each other conducting themselves in a courteous manner; there will be no bullying
- Children will treat belongings, equipment and the park with care
- Children will discard their own garbage
- Children will not bring valuables or electronic equipment to the program
- Indoors, there will be no running, cart wheels, or throwing balls; but we will have time for that outside!
- Children will stay with the group

If the above rules are not followed we will adhere to the discipline policy below

Discipline Policy

The staff will create a warm and caring atmosphere with established rules to ensure the emotional and physical safety of all. There will be consistent consequences to children who have difficulty following the rules that include, verbal warning, time out, exclusion from activity, parental consultation, early pick-up by parent, suspension and/or removal from the program without refund.

1st Offense - the child will be warned verbally by a staff member.

2nd Offense - the child will be warned along with a 5-10 minute time out from the activity to reflect on their behavior.

3rd Offense - a parent will be called for immediate pick-up from a short term program and for a consultation in a long term program. If after the consultation there is a 4th Offense the parent will be called for immediate pick-up.

The Recreation Director reserves the right to ban any child from attending Rec programs based on repeated offenses at Rec programs.

In registering my child for a Beekman Recreation programs, I am agreeing to explain the expectations to my child and to support the Expectations and the Discipline Policy.

Child's Name Printed

Child's Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature