



Parent Handbook

August 2024 - May 2025





Welcome to Olathe Kiddie Crew!

We are so looking forward to a year of learning, growing, creativity, fun, and so much more. We will be incorporating curriculum into each day as well as teamwork, free time, structured play, outside time, etc. We fully believe that Kiddie Crew will be a great place for us to come together with parents to assure we are shaping these little minds and hearts to do incredible things.

I have been working with children for roughly 15 years. I have my Bachelor's degree in Elementary Education from Wichita State University. I know that each job I've had has helped prepare me for the next as I get to work in so many different ways with kids.

I have worked in many different settings with children. From babysitting and nannying, to being a KidZone attendant at the YMCA, to working as a preschool teacher in different programs, to being a department director at a daycare/preschool. Each job has taught me a lot and I am so excited to bring what I've learned from each one into this program.

As a City of Olathe employee, I have had the privilege of helping to develop the Preschool Enrichment Program with Olathe Parks & Rec. I am currently managing the Olathe Kiddie Crew, the Fun in the Sun Preschool Summer Camp, Preschool in Pajamas, and Preschool Enrichment Classes.

I am passionate about people and community. I am grateful for the opportunity to work with so many children in the community through these programs and by doing foster care. I truly believe we have a major responsibility and calling to shape these children. When we come together, as a team, we can help these children do amazing things.

Thank you for entrusting us with caring for your child over here at Olathe Kiddie Crew! It's going to be an amazing year and we can't wait to see all of the ways your child learns and grows!

We are looking forward to seeing each of you!

Taylor Norris

Recreation Specialist II
City of Olathe Parks & Recreation

Taylor Norris

913-971-8929

tnnorris@olatheks.org

Mission Statement:

To partner with parents in providing quality programs that promote positive growth and development for children that is facilitated by caring and qualified staff. Our program teaches children to become good followers and leaders, accept responsibility, and to practice tolerance and acceptance to all mankind.

Program Philosophy:

Each child is a unique and capable individual. Learning is through hands-on experiences facilitated by a supportive child-teacher relationship. Our program provides predictability in schedule and expectations but allows for freedom of choice and outcomes. As learning takes place individually, staff facilitates by presenting materials in a variety of methods and at each child's level. Outdoor discovery and exploration is imperative. Children should be outside in a variety of weather exploring and allowing to get messy. Social and behavioral learning is at the core of everything a child does; therefore, it is facilitated by staff through all activities.

Goals:

- ✓ To create an environment where everyone belongs.
- ✓ To teach and facilitate social and emotional growth.
- ✓ To foster independence and self-help skills.
- ✓ To encourage self- expression and creativity.
- ✓ To learn play by being active and having fun.
- ✓ To prepare preschoolers for kindergarten.

Olathe Kiddie Crew Administration

- Olathe Kiddie Crew is located in the Olathe Community Center and is operated by the City of Olathe's Parks and Recreation Department.
- The City of Olathe provides equal opportunity and does not discriminate on the basis of race, color, national origin, sex, religion, age, ancestry and/or handicap status in the provision of service or employment.
- Olathe Kiddie Crew is a licensed preschool with the State of Kansas and follow all regulations.
- All preschoolers must be able to function in a teacher to preschooler ratio of 1:10 or 1:12.
- Confidentiality- All contents of a preschooler's files: including health history, medication forms, correspondence from parents, etc, are confidential documents. File contents are not duplicated, distributed, discussed or viewed by anyone other than the parent/guardian, OPRD staff, law enforcement officers, KDHE designee, and emergency medical personnel. Parent/Guardian reserves the right to make their preschooler's records available to designated parties through signed permission.
 - o Forms may be required to be updated annually.
- Photos of preschoolers are strictly used for Olathe Kiddie Crew use and or other City publications.
- By registering for the Olathe Kiddie Crew, parents/guardians are agreeing to the following waivers and releases.
 - OPRD Waiver/Release: I have volunteered to allow the minor registered for Olathe Kiddie Crew to participate in recreational activities provided by the City of Olathe. I knowingly and voluntarily assume the responsibility for the minor to abide by any and all regulations governing the recreational Olathe Kiddie Crew. It is further understood that the City of Olathe and its employees are not responsible for accidents, injuries, illness or loss of property.
 - Liability Waiver/Release: I acknowledge that recreational activities provided by the City of Olathe may involve risk of bodily injury or property damage and to agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that the minor noted herein can safely participate in activities and events held by the City of Olathe. Further, I do hereby release and hold harmless the City of Olathe, its elected and appointed officials and employees from any and all liability and/or claims resulting from injuries, damages, or losses arising out of or in connection with participation in recreational

programming to the fullest extent permitted by law. I hereby assume all risk or injury, damage, and liability, and waive any right of recovery from or to bring suit against the City of Olathe, to the fullest extent permitted by law, for any illness, personal injury, death, or other consequence arising out of the voluntary participation in these activities.

O Photo Release – I authorize the City of Olathe to use at its discretion any photograph(s) taken of the preschooler(s) for promotional purposes, including but not limited to print, online, and social networking media while participating in an activity and waive any and all claims that the member or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. I have read the above statement, understand and agree to the conditions set forth.

Registration Requirements

- Children must be ages three to five years old but not yet eligible for kindergarten.
- Children must be fully potty trained.
- Children attending Olathe Kiddie Crew must be pre-registered in advance of attendance by completing the registration process and submitting the required forms.
 - o Enrollment fee must be paid as well as weekly fee kept up-to-date (to continue care).
 - o Children may not attend the Olathe Kiddie Crew without the required forms.
 - Online enrollment form with the uploaded heath history form, authorization for emergency medical care and medication form (if medications being administered at Olathe Kiddie Crew) to the Procare: Childcare App.

Enrollment Options & Fees

- Enrollment fee of \$45 must be paid to secure spot. Enrollment fee is non-refundable/non-transferable.
- Once enrollment fee is paid, registration for program option can start. Options include the below.
 Please see our 2024 -2025 Fee Sheet for cost.
 - Full Time Mornings
 - Full Time Afternoons
 - Part Time Mornings
 - Part Time Afternoons
 - Part-time days must be consistent days each week.
 - Part-time days of one day to four days a week is available.
- School-year fees are due prior to care dates. See our 2024-2025 Fee Payment Schedule.
 - Fees are set up as automatic payments charged on the due dates listed either by credit card or electronic check.
 - o All fees non-refundable/non-transferable.
 - Fees are not pro-rated for holidays or illness.
 Due to COVID-19: Fees will be prorated if child is diagnosed with Covid-19 or is required to quarantine. A physician's note mandating quarantine will be required. Fees will be prorated/refunded if/program is closed due to illness, state or local mandates.
 - o Olathe Kiddie Crew will accept KVC and DCF funds.
 - \$25 Return check fee or declined payment fee.
 - \$5 late fee per day payment is late from declined payment. Preschooler may be unable to attend Olathe Kiddie Crew if payment has not been received.
- \$15 Olathe Kiddie Crew change fee if wanting to add or remove time (subject to availability).
- To discontinue care all together, two-week notice must be given in writing. Patron is liable for any fee payments within that two weeks' notice.
- Olathe Kiddie Crew Summer Camp, Fun in the Sun when available, will be a different registration process. Current program attendees will receive the chance to register before others.
 - o Registration is per week during summer; No enrollment fee for summer.

Hours of Operation

- Morning Session Time: 8:30am-11:30am
- Afternoon Session Time: 12:15pm-3:15pm
- Summer Camp: June August: 8:30am-12:30pm. Additional registration required.
- Olathe Kiddie Crew will be closed on City holidays/winter break.

Labor Day
Veteran's Day
Thanksgiving
Day After Thanksgiving
Winter Break
Martin Luther King Jr Day
President's Day & Juneteenth
Fourth of July (pertains to summer camp)

Terms of Care/Code of Conduct

- Preschoolers must fully comply with the code of conduct to continue enrollment. Non-compliance will result in disciplinary action including suspension and up to termination of care.
- Preschoolers shall practice positive interactions, including but not limited to, responding to adult
 authority in appropriate ways, taking ownership of actions, accepting other's differences, managing
 anger in appropriate ways, being courteous of others as well as their personal space and belongings.
- Discipline procedures shall be of a positive nature and shall not include any form of corporal punishment, verbal abuse, physical restraint, confinement, threats, humiliation, forcing/withholding of food or fear tactics.
 - All behaviors are viewed on a case by case basis. Parents will be notified of inappropriate behaviors and will be advised of steps taken toward improvement.
 - Examples of behavioral interventions include closer proximity to staff, increased frequency of rule reminders, processing through actions/ acceptable behaviors, and redirection. In some situations, preschoolers may be removed from an activity to ensure safety of self and other preschoolers. More serious behavior issues require parent/staff conference to develop an action plan for improvement.
- Olathe Kiddie Crew does not allow any form of violent play, including use of toys as weapons,
 gesturing in an aggressive manner, or depicting violence in drawings or other expressive forms.
 Possession of weapons is prohibited and is grounds for immediate termination of care. Statements
 by anyone that threaten violent acts or express physical aggression will be regarded as real and
 result in immediate disciplinary action up to termination of care. Law enforcement will be called if
 necessary.
- Parents must demonstrate civility, self-control, and socially acceptable behavior when interacting
 with Olathe Kiddie Crew staff and any other person they may come in contact with at Olathe Kiddie
 Crew and Olathe Parks & Recreation. Profanity, threats, insults, harassment, suggestive remarks,
 intimidation, physical crowding and or contact will not be tolerated and can result in termination of
 care.
- Olathe Kiddie Crew has an "open door" policy where parents are able to drop in unannounced at any
 time and encouraged to be actively involved in Olathe Kiddie Crew by helping chaperone on trips,
 reading a book to the class, etc. Kansas Law prohibits parents disciplining and/or reprimanding
 preschoolers that are not their own child. If there is an issue when at program, please report it to
 Olathe Kiddie Crew staff to handle.

Due to COVID-19, parents may be limited and or restricted from entering the classroom and participating with program.

Curriculum

- The program will combine a variety of activities through hands on play including but not limited to language development, physical development, social emotional development, gross motor, fine motor, art, sensory play, math, science, literacy and outside play/exploration.
- The program will follow Frog Street curriculum that is developmentally appropriate.
- Olathe Kiddie Crew staff will continually track progress and assess preschool skills to adapt to your preschooler's developmental level.
- Assessments will include but are not limited to observation, portfolio collection and one-on-one instruction/work.
- Please see tentative daily schedule in appendix.

Snack/Meals

- One snack consisting of two food groups will be provided during the morning and afternoon session. Please see sample snack menu in appendix.
- Children will bring water bottles daily from home. Program will retain extra water bottles on site for those that forget.

Communications

- During School year, weekly newsletters will be emailed out the parents on the preschoolers' Procare account.
- During Summer, weekly newsletter will be emailed.
- Any additional notes or changes to Olathe Kiddie Crew will be communicated via Procare: Childcare App.
- Behavioral or illness related communications specific to preschooler will be communicated to parent/guardian at pick up or via a call during the day.
- Parents are encouraged to contact the Olathe Kiddie Crew Director directly with any issue, concern, and or suggestion regarding their preschooler or the Olathe Kiddie Crew.
- Conferences will be held three times a year; once in the fall semester, once in the winter, and once in the spring semester.

Absences/Drop off/Pick up

- Please message us via the Procare: Childcare app if you child will be absent.
- Please be respectful of the drop off time by arriving to school on time. Children will be admitted at the start of the class time.
- Parents/Guardians will sign in/out preschooler via the Procare: Childcare App from their own phone which will included signature and brief health check. A unique pin number can also be used if someone other than parent/guardian is picking up. Pin numbers may NOT be shared. They are unique to each authorized individual.
- All individuals authorized to pick up preschooler must be listed in advance on students record in the Procare Childcare App. Until all authorized parties are known to staff, photo identification will be required at time of pick up.
- A charge of \$1 per minute past the end of class time will be assessed to parents. We realize that under some circumstances lateness cannot be avoided and require parents to call us should such a situation occur. Regardless of cause, late pick up charges will be charged to form of payment on file. If 45 minutes pass with no communication to Olathe Kiddie Crew, Olathe Police Department will be called.
- State law prohibits the release of a preschooler to parents and any other authorized adults who appear to be impaired by drugs or alcohol. Any existing court orders barring parent contact, visitation, and child release must be on file at the Olathe Kiddie Crew to support law enforcement interventions.

Dress

- Preschoolers should dress for the weather as well will get outside time everyday unless weather prohibits with rain, storms, etc.
- Preschoolers must have a change of clothes in backpack at all times: Please include:
 - o 2 pairs of underwear
 - Pair of pants/shorts
 - Shirt
 - A pair of socks

Personal Belongings

- Label all personal belongs (including clothes, water bottles, bags, towels, even shoes and socks)
- Preschoolers must bring daily in backpack: Water Bottle and extra clothes.
- Olathe Kiddie Crew is not responsible for the loss, theft, or breakage of personal belongings.
- Toys, video games, radios, and other items from home are prohibited unless specifically requested by Olathe Kiddie Crew.

Illness/ Medications

- Preschoolers shall not be in attendance when suffering from any communicable disease.
 Guidelines as determined by the Johnson County Health Department will be observed. Johnson County Health Department exclusions guidelines can be found at http://www.jocogov.org/sites/default/files/documents/DHE/PBH/exclusion_recommendations.pdf.
 Due to COVID-19, additional illness/symptom related exclusions may occur and or require longer exclusion times. This is variable throughout the pandemic and is based upon health department quidelines.
- Medications should be taken before or after class unless there is a special situation. In a special situation, parents will need to talk to the Director.
- Any preschooler with chronic health/special care needs will need to have a parent/staff meeting
 prior to attendance to ensure care needs can be accommodated. All preschoolers need to function
 within the staff to preschooler ratio.

Medical Insurance/ Emergency Medical Care

- During the course of normal participation in Olathe Kiddie Crew, accidents can and do happen. Therefore, it is important that parents carry medical insurance for expenses that result from injury. The City of Olathe does not carry medical insurance for its preschoolers.
- In urgent care situations, staff will attempt to contact parent/guardian for child pick up and follow up medical treatment.
- In emergency situations, staff will follow recommendations of trained medical personnel.
- If a preschooler needs to be transported to the nearest hospital, a staff member will go with them until the parent/guardian arrives.
- Be sure all your child's records are up to date to assist staff in responding to emergencies. Medical
 insurance policy name and number are required on the authorization for emergency medical
 release form.

Field Trip/Transportation Policy

- Program will take walking field trips to the Olathe Community Center Pool (zero depth entry only), various areas of Stagecoach Park (the park the Olathe Community Center is located in, and or Mahaffie Stagecoach).
- Field trip permission forms must be signed prior to excursion.
- All preschoolers in attendance must accompany group on field trip.

Inclement Weather

- Activities and trips can be canceled due to weather.
- During the school year, Olathe Kiddie Crew will follow the Olathe School District's inclement weather closings.

Emergency Closings

- Natural disasters and or utility outages can result in emergency closure of Olathe Kiddie Crew. No alternative care location will be available in the event of emergency closures.
- The Olathe Kiddie Crew director will notify parents/guardians of closures and when care can be resumed.



2023-2024 Fees

School Year 2024-2025: August 26-May 16

Class Time Options:

8:30 a.m. - 11:30 a.m. 12:15 p.m. - 3:15 p.m.

\$45 Annual Enrollment Fee (non-refundable/non-transferable)

Full Time M-F: \$100/week

4 Consistent Days: \$85/week

3 Consistent Days: \$70/week

2 Consistent Days: \$50/week

1 Consistent Days: \$35/week

Fees are set up for automatic payment and are charged the Friday before the week of care. \$15 Program Change Fee: To add or remove days. Subject to availability. \$25 Declined Payment Fee with a \$5 late fee per day until payment is received.





2024-2025 Fee Payment Schedule

School Year 2024-2025: August 26-May 16

August 23, 30 September 6, 13, 20, 27 October 4, 11, 18, 25 November 1, 8, 15, 22, 29 December 6, 13 January 3, 10, 17, 24, 31 February 7, 14, 21, 28 March 7, 21, 28

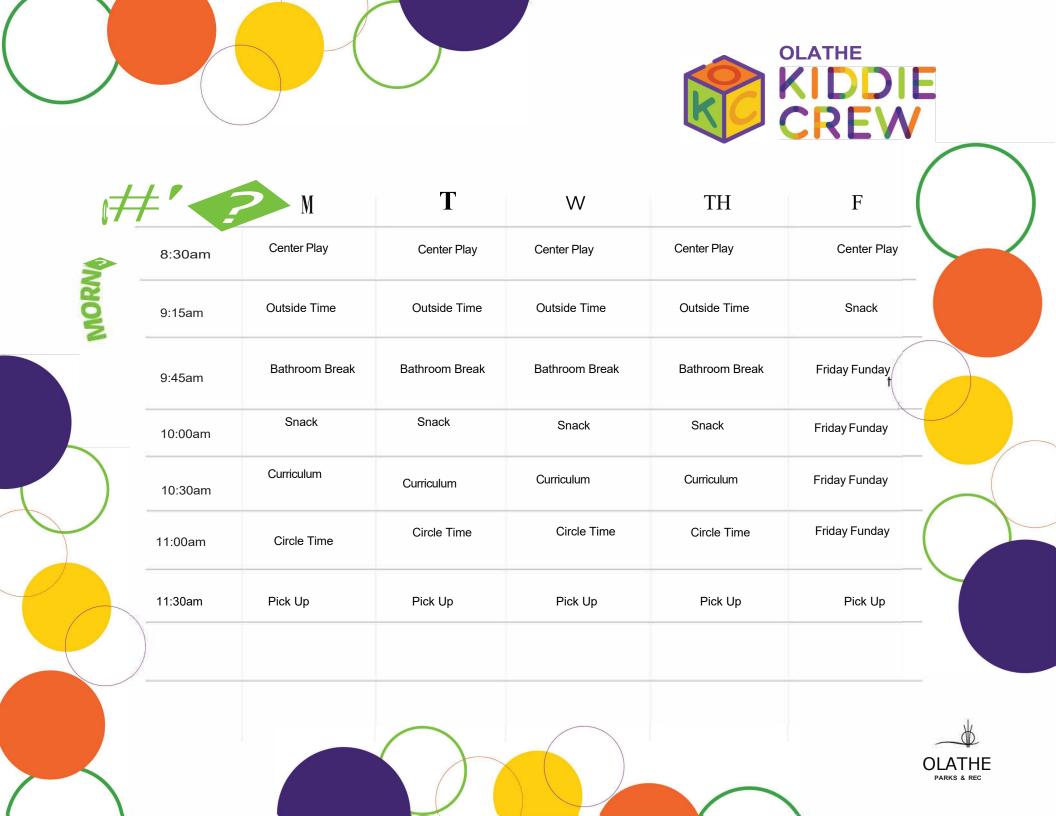
*Closed for Winter Break & Spring Break - Payments will be paused April 4, 11, 18, 25 May 2, 9

Closures for Holidays:

Labor Day, Veteran's Day, Thanksgiving & Day After, Winter Break: Dec. 23 - Jan. 3, MLK Day, Juneteenth, and President's Day

Fees are set up for automatic payment and are charged the Friday before the week of care.

\$15 Program Change Fee: To add or remove days. Subject to availability.
\$25 Declined Payment Fee with a \$5 late fee per day until payment is received OLATHE





CCL. 029 Rev. 5/2020

Kansas Department of Health and Environment

Bureau of Family Health Facilities Child Care Licensing Program 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



Phone (785) 296-1270 Fax (785) 559-4244

Website: www.kdheks.gov/kidsnet

MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES, INCLUDING PROVIDER'S OWN CHILDREN

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child C	Care		Name of Child Care Facility_	Olathe Kiddie	e Crew		
Child's Name_			Date of Birth_		Gender		
First	Last		MM/DD/Y		M/F		
Parent/Guardian Information			Parent/Guardian	Information			
Name			Name				
Home Address			Home Address				
Street	/	·	Street	•	Zip Code		
Home Phone Number			Home Phone Number				
Employer			Employer				
Work Phone Number			Work Phone Number				
Cell Phone Number			Cell Phone Number				
E-mail Address			E-mail Address				
Best way to contact			Best way to contact				
Name					,		
			medications for your child such der? ONO OYes, as follow				
Any known allergies or me	edical conditions of chi	ild:					
Any major changes at hor	me that might affect yo	our child in ca	ire:				
Please provide additional	information or special	instructions t	hat will help the person caring f	or your child:			
Parent/Guardian Signa	nture:			Date:			

History of Immunizations

Required for all	children i	in child care facilities	, including the	e provider's ov	vn children.	A Kansas Certi	ficate of
Immunizations ((KCI) ma	y be substituted for t	this form and	attached to th	e completed	Medical Recor	d.

Child's Name:	Date of Birth:						
First	Last MM/D					MM/DD/YYYY	
	d schedule of immunizations, refer to the current schedule published by the unization Practices (ACIP).					ished by the	
Vaccine				d Year th	at each Dose	of Vaccine v	vas Received
	1 st	2 nd	3 rd		4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)							
Poliomyelitis (IPV/OPV)							
Measles, Mumps, Rubella (MMR)					_	_	
Hepatitis B (HepB)							
Varicella (VAR)			_	f Disease: ician Signa	ture	Da	te of Illness:
Hemophilus Influenzae Type B (Hib)							
Pneumococcal Conjugate (PCV)							
Hepatitis A (HepA)							
Rotavirus **Recommended <8 mo of age; not required							
Influenza(Flu) ** Recommended annually >6 mo of age; not required							
The following two options are the complete as required:							
(A) Certification from lice Exempt from following immuniza		n statin	g that imm	unizatio	on would end	anger child	d's life:
DTaP/DTTdap/TD	Pertussis	Only	Polio	MMR	НерА	НерВ	<u>Hib</u>
PCVVaricellaO	ther						
Physician's Signature (require	ed):					Date:_	
☐ (B) My child is exempt untitle that I am an adherent of a re							
Section III.							
Downth (Consulting Circus)							_
Parent/Guardian Signature:_					D	ate:	

CCL. 029a Rev. 05/2020

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

Child's Name		Dat	te of Birth			
First	Las	st				
Health history and medical information pe (describe, if any):	ertinent to routine ch	ild care and emergencies	Do you see this child for regular health supervision:			
☐ None						
Allergies to food or medicine (describe, if	any):					
☐ None						
List current medications (if any):						
None						
Length/Height:IN/CM %	ILE	Weight:LB/KG	%ILE			
Physical Examination	✓ If Normal	If Abnormal - Comment				
Head/Ears/Eyes/Nose/Throat						
Teeth						
Cardio/Respiratory						
Abdomen/GI						
Genitalia/Breasts	†					
Extremities/Joints/Back/Chest	†					
Skin/Lymph Nodes			_			
Neurologic & Developmental	†					
Screening Tests	Screening Date	Note Here if Results are	e Pending or Abnormal			
Lead						
Anemia (HGB/HCT)						
Urinalysis (UA)						
Hearing						
Vision						
Health Problems or Special Needs, Recom	nmended Treatment/	Medications/Special Care (At	tach additional sheets if necessary)			
☐ None						
Signature of Licensed Physician or Nurse	approved for Child H	ealth Assessments	Date			
Print the Name of the Individual Signing A	<mark>Above</mark>		Phone Number			
Address		City	Zip Code			

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Child Care Program: (785) 296 -1270 Fax: (785) 559-4244 Website: www.kdheks.gov/kidsnet

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the	license.		License #
Olathe Kiddie Crew			
authorize City of Olathe Park & Recreation	n Staff(car	regiver/staff) who is (are) repres	entative(s) of the above-named facility
o give consent for any and all necessary e	mergency medical car	re for my child or	
outh			or youth is in the facility's custody
netweenandand			
s child covered by health insurance? 🧲	DYes O No		
If yes, complete the following: Health Insurance Policy Name		Polic	cy Number
			ard Number
Military Medical Care I.D. Number			
If known, date of last Tetanus inoculation:			
	MM/DD/	YYYY	
Signature of Parent or Guardian			Date Signed
Signature of Parent or Guardian Witness to Parent's or Guardian's sign	ature if required by t	he local hospital or clinic.	Date Signed Date Signed
Witness to Parent's or Guardian's sign			
Witness to Parent's or Guardian's sign Notarization of Parent's or Guardian's si State of Kansas	ignature if required b		
Witness to Parent's or Guardian's sign	ignature if required b		
Witness to Parent's or Guardian's sign Notarization of Parent's or Guardian's si State of Kansas	ignature if required b	by local hospital or clinic.	Date Signed
Witness to Parent's or Guardian's sign Notarization of Parent's or Guardian's si State of Kansas County of	ignature if required b	by local hospital or clinic.	Date Signed
Witness to Parent's or Guardian's sign Notarization of Parent's or Guardian's si State of Kansas County of	ignature if required b	by local hospital or clinic.	Date Signed
Witness to Parent's or Guardian's sign Notarization of Parent's or Guardian's sign State of Kansas County of Signed or attested before me on	ignature if required b	by local hospital or clinic.	Date Signed Son
Witness to Parent's or Guardian's sign Notarization of Parent's or Guardian's sign State of Kansas County of Signed or attested before me on	ignature if required b	by local hospital or clinic. byby Name of Per	Date Signed Son

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.

CCL.026 Rev. 5/2020

Kansas Department of Health and Environment

Bureau of Family Health Child Care Licensing Program 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274 Kansas

Department of Health
and Environment

Phone: 785-296-1270 Fax: 785-559-4244 Website: www.kdheks.gov/kidsnet

Authorization for Dispensing Medications to Children and Youth Short-Term Medications (Prescription and Non-Prescription)

<u>Prescription medication</u> must be in their original containers labeled with the child's/youth's first and last name; the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; the date the prescription was filled; the expiration date of the medication; and specific, legible instructions for administration and storage of the medication. Administer the medication only to the child/youth designated on the prescription label in accordance with the instructions on the label. <u>Non-prescription medications</u> can be given with written permission and direction from the parent or legal guardian. Administer nonprescription medication from the original container labeled with the first and last name of the child/youth and according to the instructions on the label.

Medication #1	Medication #2
First and Last Name of Child/Youth Date of Birth	First and Last Name of Child/Youth Date of Birth
Name of Medication	Name of Medication
Reason for Medication	Reason for Medication
Dose Time to be Given Stop Date	Dose Time to be Given Stop Date
Name of Licensed Physician/PA/APRN prescribing the medication () Phone Number of Physician, PA, or APRN I allow the above medication to be given to my child/youth	Name of Licensed Physician/PA/APRN prescribing the medication () Phone Number of Physician, PA or APRN I allow the above medication to be given to my child/youth
Parent's Signature Date	by the designated person. Parent's Signature Date

THIS FORM IS TO BE USED TO DOCUMENT ADMINISTRATION OF ONLY THE MEDICATION(S) IDENTIFIED ABOVE. Designated Person to note any comments or remarks about the child's/youth's appearance on the back of this form. *Each designated person administering medication is to sign on the back side of this form and identify initials used.

Date mm/dd/yy	Time	Name of Medication	*Initials	Date mm/dd/yy	Time	Name of Medication	*Initials

*Signatur	e of Designated Person Administering Medication	Initialing as
*Signatur	e of Designated Person Administering Medication	Initialing as
*Signatur	e of Designated Person Administering Medication	Initialing as
	Note Form	
Date	Additional comments about the incident or other comments or remarks about the child's/youth's a	

*Signature of Designated Person Administering Medication

_Initialing as____

CCL.027 Rev. 5/2020

Kansas Department of Health and Environment

Bureau of Family Health Child Care Licensing Program 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274

Phone: 785-296-1270 Fax: 785-559-4244

Website: www.kdheks.gov/kidsnet



Authorization for Dispensing Medications to Children and Youth Long-Term Medications (Prescription and Non-Prescription)

Prescription medications must be in their original containers labeled with the child's/youth's first and last name; the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; the date the prescription was filled: the expiration date of the medication; and specific, legible instructions for administration and storage of the medication. Administer the medication only to the child designated on the prescription label in accordance with the instructions on the label. Non-prescription medications can be given with written permission and direction from the parent or legal guardian. Administer nonprescription medication from the original container labeled with the first and last name of the child/youth and according to the instructions on the label.

First and Last Name of Child/Youth		Date of Birth
Name of Medication (only one medication per authorization)	Prescription	OR Non Prescription
Reason for Medication		
Dose Time to be Given	Start Date	Stop Date**
Name of Licensed Physician, PA or APRN prescribing the medication	Phone #	of Physician, PA or APRN
I allow the above medication to be given to my child/youth by the designated	person.	
Parent's Signature		Date Signed

THIS FORM IS TO BE USED TO DOCUMENT ADMINISTRATION OF ONLY THE MEDICATION(S) IDENTIFIED ABOVE. Designated Person to note any comments or remarks about the child's/youth's appearance on the back of this form. *Each designated person administering medication is to sign on the back side of this form and identify initials used.

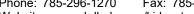
Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials

^{**}Stop date not to exceed one year from the start date. A new authorization is to be completed any time the medication, dosage, times to be given, or instructions from the parent or health care provider change from the information included on this form. Additional copies of this form may be attached to this page if more space is needed to record the administration of the medication for up to one year if there are no changes in instructions. Above information must be completed on each page but the parent's signature is required only once per year.

*Signatu	re of Designated Person Administering Medication	Initialing as		
*Signatu	re of Designated Person Administering Medication	Initialing as		
*Signatu	re of Designated Person Administering Medication	Initialing as		
*Signatu	re of Designated Person Administering Medication	Initialing as		
	Note Fo	rm		
Date	Additional comments about the incident of comments or remarks about the child's/ye			

CCL. 034 Rev. 3/2020

Kansas Department of Health and Environment
Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 Fax: 785-559-4244
Website: www.kdbeks.gov/kidspet



Website: www.kdheks.gov/kidsnet



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)						License #		
Olathe Kiddie Crew						0080419-005		
Street Address of the Facility	City Zip Cod			Zip Code	County			
1205 E Kansas City Rd, Suite 116		Olathe 66061			Johnson			
	mav	, ao to the follo	wing locations	off the prer	nises	with adult	supervision.	
First and Last Name of Child or		, ge te ille lelle	g					
Place Olathe Community Center-Gym 3,	Street Address City 1205 E Kansas City Rd Olathe		City	City		Vehicle	Walk/Bike	
Community Rooms, Party Rooms						X		
Signature of Parent or Guardian					Date Signed			
Place Swimming in zero depth entry &	Street Address		City	City		Vehicle	Walk/Bike	
Splash Pad at Olathe Community Center	1205 E Kansas City Rd		Olathe	Olathe			X	
Signature of Parent or Guardian					Date Signed			
Place All Areas of Staneonach Park-	Street Address	<u> </u>	City	City		Vehicle	Walk/Bike	
Place All Areas of Stagecoach Park- Playground, Pond, Trails, Great Lawn	1205 E Kansas		Olathe		_,		X	
Signature of Parent or Guardian	1200 E Narious	o only ru	<u> </u>	Date Signed			<u>I</u>	
Place	Street Address	<u> </u>	City		By '	Vehicle	Walk/Bike	
Heritage Center & Mahaffie Stagecoach	1200 E Kansa		Olathe	-		Volliolo	X	
Signature of Parent or Guardian					Date Signed			
							T	
Place	Street Address		City		By Vehicle		Walk/Bike	
Signature of Parent or Guardian						Date Signed		
Place	Ctus at Addus a		City		D	Vahiala	Wolls/Dilso	
Place	Street Address City			By Vehicle		Walk/Bike		
Signature of Parent or Guardian						Date Signed		
Place	Street Address		City		By Vehicle		Walk/Bike	
FIACE	Sueet Address	•	City		БУ	venicie	vvaik/DIKE	
Signature of Parent or Guardian					Dat	e Signed	•	



FIRST AID PERMISSION SLIP

Recreation Staff to use the appropriate first aid supplies (sunscreen, bug spray, first aid cream, antiseptic wipes, af	
bite, etc.) on my child, , as necessar	V
during Olathe Kiddie Crew.	У
Print Name	
Parent Signature	
Date:	