MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

CACFP Enrollment: Yes: ☐ No: ☐

*Meals your child will receive while in care:*

*BK* ☐ *LN* ☐ *SU* ☐ *AM Snk* ☐ *PM Snk* ☐ *Evng Snk* ☐

# EMERGENCY FORM

**INSTRUCTIONS TO PARENTS:**

(1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.

(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt. # City State Zip Code

| Parent/Guardian Name(s) | Relationship | Contact Information | | |
|---|---|---|---|---|
| | | Email: | C:<br>H: | W:<br>Employer: |
| | | Email: | C:<br>H: | W:<br>Employer: |

Name of Person Authorized to Pick up Child *(daily)* _____
Last First Relationship to Child

Address _____
Street/Apt. # City State Zip Code

Any Changes/Additional Information _____

_____

**ANNUAL UPDATES** _____ _____ _____ _____
*(Initials/Date)* *(Initials/Date)* *(Initials/Date)* *(Initials/Date)*

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____



OCC 1214 (Revised 01/2022) - All *previous editions are obsolete*

**INSTRUCTIONS TO PARENT/GUARDIAN:**

(1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.

(2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

_____

Medications currently being taken by your child: _____

_____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

_____

**EMERGENCY MEDICAL INSTRUCTIONS:**

(1) Signs/symptoms to look for: _____

_____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

_____

---

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

_____

_____

_____

COMMENTS: _____

_____

_____

_____

**Note to Health Practitioner:**

If you have reviewed the above information, please complete the following:

_____ _____

Name of Health Practitioner Date

_____ (____) _____

Signature of Health Practitioner Telephone Number

CROWN

_____ (hereinafter referred to as the/my "Child")
Child's Name

## EMERGENCY TREATMENT AUTHORIZATION

I, _____, am the undersigned Parent/Guardian. I expressly acknowledge and agree by signing this Emergency Treatment Authorization (this "Authorization") I authorize the officers, directors, members, managers, Agents, representatives, employees and volunteers of Crown Center, LLC (d/b/a "Crown Care") (hereinafter "Crown Care"). To act for me (the undersigned Parent/Guardian) according to their respective best judgement in the event of a medical emergency and/or routine medical care involving the Child. By signing this Authorization, I hereby expressly waive, release and hold harmless Crown Care and all its officers, directors, members, managers, agents, representatives, employees and volunteers from any and all liability for: (a) any injury(les), death or illness(es) sustained and/or incurred by the Child while he/she is attending any Childcare Program(s) administered or provided by Crown Care; (ii) using any facility(ides) maintained and/or managed by Crown Care., including, any facilities comprising or being a part of "Crown Center," located at 28410 Crown Road, Fruitland, MD 21826, or (iii) participating in any activity(ies) or program(s) provided, Managed or operated by Crown Care or otherwise performed or conducted at Crown Center. By my execution of this Authorization, I expressly grant permission to all officers, directors, members, managers, agents, representatives, employees and/or volunteers of Crown Care, any paramedic, or emergency services rescue squad, or any private physician and/or staff of a hospital or emergency health care facility, to provide or otherwise administer emergency medical treatment and/or routine medical care for my child, if such person(s) deem necessary. In the case of an emergency involving your Child which requires immediate attention, the Child will be taken to the nearest hospital emergency room. Your signature below authorizes a representative of Crown Care to have the Child transported to such hospital emergency room. Any such action will be taken in the best interest of the Child and will be reported to the undersigned Parent/Guardian soon as possible. By executing this Authorization, I expressly waive and release Crown Center, LLC (d/b/a "Crown Center"), and all officers, directors, members, managers, agents, representatives, employees and volunteers from any and all liability, claims, damages, and/or financial responsibility of any kind whatsoever, including, but not limited to any medical expenses incurred for medical treatment provided to the Child, which arise from any matter(s) relating to or in connection with the Child's participation or enrollment in any program(s) and/or activity(ies) managed, provided or administered by Crown Center or otherwise conducted or performed at Crown Center.

**SIGNATURE OF PARENT/GUARDIAN** _____ **DATE**_____

## ILLNESS

In the event the Child becomes ill during his/her participation in any Childcare Program administered or managed by Crown Care, you will be contacted by a Crown Care representative as soon as possible. If You cannot be reached, Crown will notify the Child's emergency contact regarding the Child's illness. It's your responsibility to arrange for the Child to be picked-up from the Crown Center premises as soon as possible. In the event the Child or anyone in the immediate household of the Child develops or is otherwise diagnosed with a reportable communicable disease as defined by the State Board of Health, You must notify Crown Care within 24-hours or the next business day in order for the proper action to be taken, except in the case of life- threatening diseases which You must report immediately to Crown Care.

**SIGNATURE OF PARENT/GUARDIAN** _____ **DATE**_____

CROWN

_____

Child's Name

## MEDICATION

Only medication prescribed by a Physician will be administered to Child. If the Child needs to take medication during Crown Care program hours, a Medication Authorization Form must be completed. The Medication Authorization Form includes space for Crown Care staff to record administration of the medicine. Do not send medications with the Child. Medicine must be provided to a Crown Care staff member by the Child's Parent/Guardian. All medicines will be kept by Crown Care staff in the designated, locked medicine box. Children are not permitted to keep medications on their person or in their book bags, lunch box, cubby, or pockets.

**SIGNATURE OF PARENT/GUARDIAN** _____ **DATE**_____

ALL PRESCRIPTION MEDICATIONS SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCITONS FOR ADMINISTRATRION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. WE CANNOT ACCCEPT MEDICATION AUTHORIZATION FORMS FROM THE CHILD'S SCHOOL OR OTHER PROGRAMS-ONLY THE CROWN FORMS INCLUDED IN THIS PACKET.

**SIGNATURE OF PARENT/GUARDIAN** _____ **DATE**_____

## PROGRAM ENROLLMENT AGREEMENT

**Carefully read and sign below:**

I understand that my child will not be released to any person(s) not listed on the enrollment form. In case of an emergency, an emergency plan will be followed.

- I understand that my child will not be released to any person(s) who seem(s) to be under the influence of drugs or alcohol.
- I understand that my child must be signed in and/or out daily by myself or my designee
- If my child is experiencing problems in the program a conference will be arranged between the parent, staff and/or Program Director/Coordinator.
- Crown Care reserves the right to terminate services if it is determined the placement is unsatisfactory.
- All information provided at the time of enrollment is complete and accurate.
- False or incomplete information may lead to termination of services.

**SIGNATURE OF PARENT/GUARDIAN** _____ **DATE**_____

CROWN

_____

Child's Name

## PARTICIPATION WAIVER

I, understand that Crown Center, LLC (d/b/a "Crown Care") and each and every of its officers, directors, members, managers, agents, representatives, Insurers, assigns, attorneys, contractors, parents, subsidiaries, successors, affiliates, principals, employees and volunteers (each a "Releasee", and collectively the "Releasees"), assumes no responsibility whatsoever for any injury or illness, of any kind, any athletic activity, sports program, child daycare program, sports class, arcade activity, Clip n Climb activity, laser tag activity, the use of any equipment or in the performance of any exercise or activity administered or provided by Crown Care or conducted at the Crown Center facilities located at 28410 Crown Road, Fruitland, Maryland 21826 (collectively the **"Released Activities"**). By my execution of this Participation Waiver, I expressly acknowledge on behalf of myself, my spouse, the Child and all of my successors, heirs, representatives and assigns (collectively the "Releasors"), that I assume all risk for any and all injuries and illness which may be sustained or otherwise suffered by the Child arising from which may result from his/her participation in any of the Released Activities and, furthermore, I hereby release and discharge the Releasees from any and all claims of injury, illness, death, loss or damage which my child my suffer or sustain as a result of his/her participation in any of the Released Activities. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH AND EVERY OF THE RELEASEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES AND/OR DAMAGES SUFFERED BY OR ON ACCOUNT OF MY CHILD WHICH MAY BE CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE ACTS OR OMMISSIONS OF ANY RELEASEE(S), INCLUDING ANY RESCUE OPERATION(S) CONDUCTED, OVERSEEN OR MANAGED BY ANY RELEASEE(S), REGARDLESS OF NEGLIGENCE OR THEABSENCE THEREOF ON TH EPART OF ANY RELEASEE. I FURTHER EXPRESSLY ACKNOWLEDGE AND AGREE: IF, DESPITE THIS RELEASE AND THE TERMS OF THE AGREEMENT SET FORTH HEREINABOVE, THE CHILD (AS IDENTIFIED ABOVE), OR ANY PERSON(S) ACTING ON BEHALF OF SUCH CHILD, MAKES A CLAIM AGAINST ANY RELEASEE(S), I, AT MY SOLE COST AND EXPENSE, SHALL INDEMNIFY, SAVE AND HOLD HARMLESS EACH AND EVERY OF THE RELEASEES FROM ANY AND ALL LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST ANY RELEASEE(S) MAY INCUR AS A RESULT OF ANY SUCH CLAIM. I EXPRESSLY ACKNOWLEDGE AND AGREE THE CHILD IDENTIFIED HEREIN ABOVE SHALL BE DEEMED AND OTHERWISE CONSTRUED TO CONSTITUTE A "RELEASOR" OF THE RELEASEES; NOT WITHSTANDING ANY TERM TO THE CONTRARY SET FORTH IN THIS "PARTICIPATION WAIVER,"

IN THE EVENT OF ANY CONFLICT BETWEEN THE TERMS OF THIS "PARTICIPATION WAIVER" AND ANY OF THE TERMS CONTAINED ELSEWHERE IN THIS CROWN CARE REGISTRATION PACKET, THER TERMS CONTAINED IN THIS PARTICIPATION WAIVER SHALL GOVERN THE UNDERSIGNED MINOR'S PARENT AND/OR LEGAL GUARDIAN, THE CHILD IDENTIFIED HEREINABOVE, AND ALL RELEASEES (AS DEFINED HEREINABOVE) WITH RESPECT TO ANY AND ALL MATTERS REFERENCED IN THIS PARTICIPATION WAIVER. I recognize that Crown care will make every reasonable effort to minimize exposure to known risks associated with the Childcare Program(s) managed and provided by Crown Care. I understand that whether Crown Care is not, nor is any other Releasee, responsible for any personal property which becomes lost, stolen, or destroyed while Childcare Program participants are using the Crown Center facilities. I hereby expressly permit and authorize Crown Care to use, without limitation or obligation, photographs and/or film footage of my child's image or voice for purpose of promoting or interpreting Crown Care programs. BY MY EXECUTION OF THIS PARTICIPATION WAIVER, I, ON HEHALF OF MYSELF AND ALL RELEASORS, EXPRESSLY ACKNOWLEDGE AND AGREE: I HAVE READ THIS PARTICIPATION WAIVER, I FULLY UNDERSTAND ALL TERMS CONTAINED HEREIN, I FULLY UNDERSTAND THAT I, ON BEHALF OF MYSELF AND ALL REALSORS, HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS PARTICIPATION WAIVER, AND I HAVE SIGNED THIS PARTICIPATION WAIVER FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND THIS PARTICIPATION WAIVER TO BE A COMPLETE AND UNCONDITIONAL RELAEASE OF THE REALEASEES OF AND FROM ANY AND ALL LIABILITY OF ANY KIND WHATSOEVER, TO THE GREATEST EXTENT ALLOWED BY LAW.

**SIGNATURE OF PARENT/GUARDIAN** _____ **DATE**_____

**PRINTED NAME OF PARENT/GUARDIAN** _____ **DATE**_____

CROWN

_____

Child's Name

## REGULARLY SCHEDULED OUTINGS

## PERMISSION SLIP

My Child _____ has my permission to participate in the activities listed below transported by Crown Center, LLC (d/b/a "Crown Care") staff to the following activities and places:

1. Arcade located inside of Crown Sports Center
2. Clip n Climb located inside of Crown Sports Center
3. Laser Tag Arena inside of Crown Sports Center
4. Crown Room located inside of Crown Sports Center
5. Outdoor sport fields located at the North end of Crown Sports Center
6. Outdoor woods located at North of the outdoor fields
7. All indoor fields and sports court

**SIGNATURE OF PARENT/GUARDIAN** _____ **DATE**_____

## PERMISSION TO TRANSPORT FORM

I (Parent/Guardian Printed Name) _____ authorize Crown Center, LLC (d/b/a "Crown Care") to transport my child (Child's Name) _____ to and from (Name of Child's School) _____ as well as field trips, special events and in the event of any emergency, weather or biohazard etc., that may occur during the 2024-2027 school year.

**Parent Signature:** _____ **Date:** _____

**Parent Printed Name:** _____

CROWN

_____
Child's Name

## ENROLLMENT MEDICAL NEEDS

Does your child have any health concerns such as:

| | | | |
|---|---|---|---|
| Allergies | YES | NO | Medication required _____ |
| Asthma | YES | NO | Medication required _____ |
| Diabetes | YES | NO | Medication required _____ |
| Seizures | YES | NO | Medication required _____ |
| Other | _____ | | Medication required _____ |

If you have circled YES to any of these concerns, you will need to complete an action plan. You may obtain the form from our website, office, or health packet.

**SIGNATURE OF PARENT/GUARDIAN** _____ **DATE**_____

## SUNSCREEN and INSECT REPELLENT POLICY

### Parent Permission Form

Camp Crown does not provide sunscreen or insect repellent for participants.

- Sunscreen/insect repellent should be applied in the morning before your child arrives at Camp Crown.
- Sunscreen/insect repellent should be in the original container only.
- Sunscreen/insect repellent must be clearly labeled with the child's name.
- Sunscreen/insect repellent will be stored in camper's classroom.
- Please make sure the sunscreen/insect repellent you provide has been used previously on your child with no adverse reactions.
- School age students will reapply their own sunscreen before outdoor activities, if needed.
- If your child should require assistance applying sunscreen/insect repellent, you must give permission below.
- Please make sure that you purchase clear spray sunscreen.
- Under No Circumstances are campers allowed to apply sunscreen/ insect repellent to another camper.

☐ I authorize the staff at Camp Crown/Crown Center, LLC to apply sunscreen/insect repellent to my child.

☐ Do not apply sunscreen/insect repellent to my child. This means that you do not want counselors to help with the application of sunscreen.

**Signature of Parent/Guardian** _____ **Date** _____

# Automated Payment Processing

Procare SOLUTIONS

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

**COMPLETE ONE SECTION ONLY**

**SECTION A (Credit Card)**

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

**SECTION B (Bank Account)**

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

**FOR OFFICIAL USE ONLY**

Date Received

Employee Signature

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