Member's Full Name: _____

GREAT FUTURES START HERE.

BOYS & GIRLS CLUB
OF GREATER WATERBURY

Boys & Girls Club of Greater Waterbury
After-School Program Membership Application
2025 - 2026 School Year

Please complete the Application below in its entirety (**no blanks**) and return it with the membership fee.

- A complete Application and payment in full* are required before any child may attend the After-School Program.
- Attendance by at least one parent/guardian at an Orientation session is also required and membership privileges may be revoked for failure to attend.

Registration must be done in person

at the Boys & Girls Club of Greater Waterbury, 1037 East Main Street, Waterbury and may only be done by a parent or legal guardian or DCF, as appropriate.
(Faxed, emailed or mailed applications will NOT be accepted)
Registration will only be accepted Monday – Friday, 9 am – 2 pm*
Please call 203-756-8104 with any questions about registration

All information included in this Application MUST BE UPDATED
As changes occur, you MUST notify the front desk

Due to limitations on group size, enrollment limits will be strictly enforced. A waiting list will be established Enrollment will be on a 1st come, 1st serve basis. No exceptions.

Membership Fee: $150.00* per child per school year
(does **not** include vacation or summer camp)

Member's Full Name: _____

Membership in the After-School Program at the Boys & Girls Club is open to all youth who are at least five (5) years old (as of 9/1/25) **and** enrolled in kindergarten to youth who are eighteen (18) **and** in high school. Membership is open to all youth without regard to race, gender, color, religion or national origin.

FOR OFFICE USE ONLY:
(**ALL APPLICATIONS & PAYMENTS MUST BE RECORDED BELOW)**
Date of Application: _____ Application Received by: _____
Amount paid: $_____ (copy of receipt(s) must be put in file)
Paid by (circle one): Credit Card Check #: _____ Cash: _____ (amount)
Payment for (circle one): After-School Membership Club T-Shirt ($10)
Date of Payment: _____ Payment Received by: _____
DCF – wrap agreement & contact information received: _____ (date)
Received Handbook: ___ (date) Name of person receiving Handbook: _____
Attended Orientation:___ (date) Name of person attending Orientation: _____

Hours of Operation:
After-School Program - Monday, Tuesday, Thursday and Friday:
2:30 to 6:00pm (8th grade and younger); 2:30 to 7:00pm (high school only)
After-School Program – Wednesday – 12 noon – 5pm (all members)

The Club may close for special events – all programs will end early
(time TBD)

Hours of Operation are subject to change in the event of any City, State or Federal guidance or actions.

The Club follows the schedule of the Waterbury Public Schools; the Club is open when school is open. The Club will automatically close if Waterbury Public Schools are closed due to weather or other emergencies. All parents/guardians **must** provide a cell phone number (or of a phone capable of receiving texts) to receive important messages from the Club including those pertaining to closures and emergencies.

Member's Full Name: _____

The information requested herein is for our records and for reporting purposes ONLY and will be kept confidential. Your cooperation is both required and appreciated. All sections must be fully completed.

Member Information:

Child's First Name: _____ Middle: _____

Last: _____

Date of Birth: _____

Current Age: ___ (must be 5 years old on or before 9/1/25; proof required)

Grade: _____ (fall 2025)

School: _____

Teacher: _____

Gender (circle one): Male Female Transgender/Other

Has child previously attended the Boys & Girls Club of Greater Waterbury? (circle one): Yes No

Is your child eligible to receive free or reduced cost lunch at school? (circle one): Yes No

Benefits Received (circle those applicable): TANF SSDI SSI
Section 8/Housing Assistance Food Stamps Other Assistance

How many adults (over 18 years old) live in the household? _____

With whom does the child live? (circle one): mother father both other (list all)
_____

How many children (under 18 years old) live in household? _____

Parent/Guardian Marital Status: (circle one) Married Single Divorced Widowed

Member's Full Name: _____

Circle the total # of people in family & circle total annual income under the family column:

	1-person family	**2-person family**	**3-person family**	**4-person family**	**5-person family**	**6-person family**	**7-person family**	**8-person family**
100% State Median	$66,270	$86,661	$107,052	$127,443	$147,833	$168,224	$172,084	$175,871
75% State Median	$49,702	$64,995	$80,288	$95,582	$110,875	$126,168	$129,035	$131,903
60% State Median	$39,761	$51,996	$64,230	$76,465	$88,699	$100,933	$103,227	$105,521
50% State Median (Low Income)	$19,881 - $33,134	$25,998 - $43,330	$32,115 - $53,525	$38,232 - $63,721	$44,350 - $73,916	$50,467 - $84,111	$51,614 - $86,023	$52,760 - $87,934
30% State Median (Extremely Low Income)	$0 - $19,880	$0 - $25,997	$0 - $32,114	$0 - $38,232	$0 - $44,349	$0 - $50,466	$0 - $51,613	$0 - $52,760

Ethnicity/Race: (circle one)
White Black/African American Hispanic/Latino Asian
American Indian/Alaskan Native Middle Eastern/North African
Native Hawaiian/Other Pacific Islander Other Two or more races
Don't Know

RESPONSIBLE PARTY (for payment):

(***DCF must provide name of DCF contact and executed wrap agreement***)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (__) - _____ Work Phone: (__)-_____

Home Phone: (___)-_____

Email: _____

Member's Full Name: ______________________

PARENT/GUARDIAN CONTACT INFORMATION:

(DCF: must list both foster parent(s) & DCF case worker)

(list primary contact first)

Relationship to member: ___________ Lives with Member: (circle one) Yes No

Name: ___________________________

Address: ____

City: ___________ State: ___ Zip Code: __________

Cell Phone: (___)-____________ (***required & must be able to receive texts**)

Work Phone: (___)-_____________ Home Phone: (__)-__________

Place of employment: _________________ Occupation: ______________________

Email: ____

Relationship to member: ___________ Lives with Member: (circle one) Yes No

Name: ___________________________

Address: ____

City: ___________ State: ___ Zip Code: __________

Cell Phone: (___)-____________ (***required & must be able to receive texts**)

Work Phone: (___)-_____________ Home Phone: (__)-__________

Place of employment: _________________ Occupation: ______________________

Email: ____

Relationship to member: ___________ Lives with Member: (circle one) Yes No

Name: ___________________________

Address: ____

City: ___________ State: ___ Zip Code: __________

Cell Phone: (___)-____________ (***required & must be able to receive texts**)

Work Phone: (___)-_____________ Home Phone: (__)-__________

Place of employment: _________________ Occupation: ______________________

Email: ____

Member's Full Name: _____

EMERGENCY CONTACT:

(**OTHER THAN PARENT/GUARDIAN - MUST LIST AT LEAST 2)**

Relationship to member: _____ Lives with Member: (circle one) Yes No

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Cell Phone: (__)-_____(*required) Work Phone: (___)-_____

Home Phone: (___)-_____

Relationship to member: _____ Lives with Member: (circle one) Yes No

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Cell Phone: (__)-_____(*required) Work Phone: (___)-_____

Home Phone: (___)-_____

ADULTS AUTHORIZED TO PICK UP MEMBER

Please list the names of the adults (**including parents or guardians**) authorized who may pick up the child from the Boys & Girls Club. Members will **not** be allowed to leave the program with anyone not listed below. Photo ID must be provided.

Name: _____
Relationship to member: _____
Phone: _____ Email: _____

Name: _____
Relationship to member: _____
Phone: _____ Email: _____

Name: _____
Relationship to member: _____
Phone: _____ Email: _____

Member's Full Name: _____

Name: _____
Relationship to member: _____
Phone: _____ Email: _____

FOR HIGH SCHOOL MEMBERS ONLY*

(*Teen Member Open-Door Policy* Also Required)

We recognize that parents & guardians may allow their high school student to walk home by himself/herself. You must sign below if you give your high school member to sign himself/herself out of the Club and walk home.

I hereby give permission to my child, _____, to sign himself/herself out of the Boys & Girls Club and walk home.

_____ _____
Parent/Guardian Signature & Printed Name Date

DROP-OFF/ PICK-UP POLICY

All members must be dropped off and picked up at the appropriate times, as follows:

- The Club opens at the end of the school day (varies by grade level). Members may not come to the Club prior to their school dismissal time.
- If a member does not attend school on a given day, for any reason, he/she may not attend the Club.
- The pick-up time shall be:
  - 6:00pm (8th grade and younger)
  - 7:00pm (high school only)
  - 5:00pm on Wednesdays (ALL)
- On any day the Club closes early, ALL members must be picked up by 4:00 or 5:00 pm (as indicated)
- Authorized adult must come **into the Club and sign the child(ren) out**. Adults will be asked for identification and confirmation of authorization will be made.
- For every half (1/2) hour (or portion thereof) a child has not been picked up, a $20.00 fee will be charged.
- All late pick-up fees are due by the end of that week or the child may not return to the Club the following week.
- Time is determined by the clock at the front desk of the Boys & Girls Club.
- **If we have not made contact with a parent/guardian or emergency contact and 1 hour has passed from the pick-up time, the Boys & Girls Club will contact the Waterbury Police Department &/or the Department of Children & Families.**

Member's Full Name: _____

All contact information must be current. I have read and understand the above Drop-off/Pick-Up Policy.

_____ _____

Parent/Guardian Signature & Printed Name Date

BUSING TO THE BOYS & GIRLS CLUB OF GREATER WATERBURY

Busing to the Boys & Girls Club's After-School Program is available from the schools listed below ONLY.
Free transportation from these schools (or others) is subject to availability as determined by the bus company and/or the City of Waterbury and/or the individual school. **If your child will not be using this transportation to the Boys & Girls Club, please circle "NO BUSING" below**.

My child attends the following school (circle your child's school) and he/she will be taking the bus from:

Catholic Academy of Waterbury	Chase
Generali	Gilmartin
Maloney	Rotella
Wallace	Walsh
WAMS	Wendell Cross
Woodrow Wilson	St. John's School
Brass City Charter	International Dual Language School

NO BUSING

Transportation to the Boys & Girls Club provided by the City of Waterbury and/or the above-named schools is a privilege and all children must follow the rules for riding the bus. These rules include:

- Staying seated. No standing or walking around when the bus is moving.
- No fighting or horseplay. Hands and feet are to be kept to oneself.
- No throwing objects inside or out of the bus.
- No touching windows or other equipment without permission.

Member's Full Name: _____

- Listening to the bus driver.
- Following any and all rules or directions issued by the driver or bus company.

I have read and understand the rules for riding the bus and I have reviewed the rules with my child. I understand that my child's failure to follow the rules for riding the bus may result in my child losing the privilege of riding the bus and/or the termination of the bus for the entire program.

_____ _____

Parent/Guardian Signature & Printed Name Date

ALTERNATIVE TRANSPORTATION PLAN

In the event of an emergency early dismissal (due to weather or other emergency) or the cancellation of all after-school programs by the City of Waterbury (pursuant to the Waterbury Public Schools: https://www.waterbury.k12.ct.us) **OR** in the event of an emergency cancellation of the Boys & Girls Club's after-school program by the Boys & Girls Club, the Boys & Girls Club will be closed and your child will be transported in accordance with the alternative transportation plan determined by you.

In understand that in the event of an emergency dismissal or cancellation of after-school programs by* the *City, the Boys & Girls Club will not be open. In that case, my child's alternative transportation plan is:

_____

_____

_____

I understand that my child will be transported home as I have indicated in the above Plan.

_____ _____

Parent/Guardian Signature & Printed Name Date

Member's Full Name: _____

MEDICAL

All children are expected to follow Club policies surrounding behavior, hygiene, health practices, social distancing, and any other mandates or recommendations implemented by the Club.

- Common sense should always prevail – **please do not send your child to the Boys & Girls Club if he/she is sick for any reason.** If your child either did not attend school or was sent home dure to illness, your child may not attend the Club that day.
- Staff, children, parents/guardians and visitors are asked to support the Club in providing a safe space for our members and staff by fully complying with our directives.
- All children are expected to follow Club policies surrounding behavior, hygiene, health practices, social distancing, and any other mandates or recommendations implemented by the Club.

Physician: _____

Physician Phone: _____

Insurance Company: _____ Insurance ID#:

_____

Does your child have any medical problems (circle one): yes no

If yes, please explain:

Does your child have <u>any</u> allergies (circle one): yes no

If yes, please explain:

Please be advised that certain staff are certified to administer the following:

1. Topical, including sunscreen
2. Oral
3. Inhalants

Your child must be able to self-administer; otherwise, a parent or guardian must be present to administer.

If your child requires medication, an epi-pen, &/or inhaler, a completed **Authorization for the Administration of Medicine** form (last page of application – tear off, complete and return to the Club prior to your child starting camp) must be submitted with the medication. Children requiring these medicines may not attend without one of these properly completed forms.

- State of Connecticut guidelines require that all inhalers and Epi-Pens must be kept on site during the time the child is attending the program
- Any medication, inhalers &/or Epi-Pens must be provided to the Club at the start of school it the original container with adequate labeling

Member's Full Name: _____

- All medications will be locked in the Director's Office while after-school is not in session. During the day, both onsite and on field trips, medications shall be held by the child's counselor/teacher.

FIRST AID EMERGENCY RELEASE

In the event of a minor accident, a trained staff member will administer necessary first aid. We will clean and bandage small wounds, apply ice or warmth, provide a place to rest, and the like.

In the event your child requires emergency medical attention, we will call 911.

The Boys & Girls Club of Greater Waterbury will continue to work hard to ensure that we fully comply with any health directives of the City of Waterbury, State of Connecticut and Center for Disease Control. If directives and mandates are issued, the Club will adapt to comply. Please note that these directives and mandates may impact whether and how the After-School Program operates.

ACADEMIC SUCCESS

Academic Success is part of our "Formula for Impact" and the goal of all our academic programs is to help your child do well in school, advance grade level and graduate from high school on time with a plan for his/her future. That plan may include a post-secondary education (college or vocational school) or a career. All of the academic programs are included in your child's after-school membership.

Our academic programs aim to bridge the gap between school and home and work to support the lessons received in school. This school year, all members will engage in computer-based instructional programs that engage and motivate students and that meet the needs of the individual students as they strengthen their math and reading skills.

Along with homework time and other academic focused programs, the Club will use the online learning programs used in schools and other online learning programs. Members will use the Club's computers. Members should not bring their laptops or Chromebooks to the Club.

ADDITIONAL IMPORTANT INFORMATION

- Application must be complete (all sections & questions).
- Attendance by at least one parent/guardian at an orientation session (online/date & time TBD) is **required**.
- Members are required to participate and stay within their program/group at all times.
- If a member is signed up to participate in a special enrichment program, attendance is required. The member must attend every session for its duration. Parents/Guardians may not pick up their child until the special enrichment program is done for the day.

Member's Full Name: _____

- Rules and expectations are contained in the *Member & Parent/Guardian Handbook*. All parents and members are expected to read and follow the information contained therein.
- Snack is provided daily.
- All members must check-in and be signed out DAILY. Parents, guardians and other authorized adults must come into the building and will be asked for photo ID at pick-up.
- All members must have attended school and must be picked up on time.
- **All parents/guardians contact information must be current and able to receive incoming calls and text messages. (The Club uses a text message system to share important information.)**
- Members are NOT permitted to use a cell phone while at the Club.
- Members should NOT bring the following to the Club (or these items must be kept in the member's school bag). These items will be confiscated and returned to a parent/guardian upon pick-up.:
    - Toys, stuffed animals, or dolls
    - Cell phones or other electronics, including iPads, video games, etc.
    - Other personal belongings
- The Boys & Girls Club is not responsible for lost or stolen items.
- The Boys & Girls Club reserves the right to discipline any member, up to and including suspension or expulsion, pursuant to its Discipline Policy, for behavior problems. All incidents, regardless of discipline, will be documented and reviewed with the parent(s)/guardian(s). NO REFUNDS IN CASES OF SUSPENSION OR EXPULSION.

SAFETY

Ensuring our members' safety is fundamental to our Mission. The Boys & Girls Club staff, Board of Directors and volunteers work every day to create a safe, fun environment so that all kids can have every opportunity to be successful in life. We have zero tolerance for inappropriate behavior from any person of any kind, including child sexual abuse or misconduct, and we put resources behind that stance. In creating a culture of safety at the Club, we have a series of policies, procedures, programs and trainings designed to promote child safety.

The Club's safety policies and procedures are available upon request.
I have read and understand the above important information.

_____ _____

Parent/Guardian Signature & Printed Name Date

Member's Full Name: _____

RELEASE

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Greater Waterbury, and the Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury, or death any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. I understand that the Boys & Girls Club is not responsible for lost or stolen items.

Photo Release

I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likeliness of any kind made of the child are and shall remain the property of the Boys & Girls Club of Greater Waterbury. I give my permission that said works may be published, displayed, reproduced, and circulated in any form by the Boys & Girls Club of Greater Waterbury with or without the child's name for commercial purposes or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising or display.

Surveys & Questionnaires

The Boys & Girls Club of Greater Waterbury frequently ask for members to complete surveys/evaluations for purposes of program improvement and funding. I give consent for my child to participate in any and all surveys/evaluations conducted by Boys & Girls Club staff.

Technology

I understand that Boys & Girls Club of Greater Waterbury will take all necessary and reasonable precautions to ensure that my child will not have access to inappropriate materials on the internet. I further understand that not only will Boys & Girls Club will discuss internet safety with my child but that I, as the parent/guardian, must discuss this with my child as well. I have read the *Member & Parent/Guardian Handbook* and understand the Acceptable Technology Use Policy and Responsible Use Guidelines contained therein.

Member's Full Name: _____

School Records

I grant permission to the Boys & Girls Club of Greater Waterbury to obtain and review school records, transcripts, grade reports and test results. I grant permission to the Boys & Girls Club to speak to teachers, counselor and other school administrators at my child's school to obtain and exchange information as part of the programs and services provided by the Boys & Girls Club of Greater Waterbury.

I have read the completed Application and this form, understand and agree with the policies/expectations of the Boys & Girls Club of Greater Waterbury and request that my child be a member of the Boys & Girls Club of Greater Waterbury. I have received, read and understand the *Member & Parent/Guardian Handbook* and have read/reviewed it with my child so that he/she will understand what is expected of him/her. I am committed to ensuring that my child follow the rules of the Boys & Girls Club. I understand that, in the event my child does not abide by the rules, he/she may be subject to discipline. I further understand of what is expected of me (parent/guardian) while he/she is at the Club.

_____ _____

Parent/Guardian Signature & Printed Name Date

UPDATES & INFORMATION

We use a text system to send information and reminders to parents & guardians – it is the best way we have to communicate with you. And we require at least 1 cell number per child to receive information.

Please make sure the # provided will accept text messages. If your number changes or you want to add a number to receive texts, please let us know.

NAME: _____
NAME OF CHILD: _____
EMAIL: _____
CELL PHONE #: _____

☐

By checking this box, **I am opting in to receive informative text messages** from the Boys & Girls Club of Greater Waterbury. I am agreeing to receive recurring messages.

Member's Full Name: _____

Message and data rates may apply.

If you would like to opt-out of receiving text messages reply 'STOP,' if you need more information or help reply 'HELP.' The Boys & Girls Club of Greater Waterbury will never share your mobile information with third parties.

Our Privacy Policy and Terms are listed below for review.

SIGNATURE: _____

DATE: _____

PRIVACY POLICY

Welcome to our website. We value your privacy and are dedicated to protecting your personal data. This privacy policy outlines how we collect, use, store, and protect your personal data, and your rights concerning this data. We do not share your data with third parties for marketing or promotional purposes.

1. Data Sharing and Disclosure

We do not share your personal data with third parties for marketing or promotional purposes. We may share your data with third parties only in the following circumstances:

- Service Providers: With third-party service providers who perform functions on our behalf, such as IT service providers, data storage providers, and telecom service providers
- Legal Obligations: When required by law or to respond to legal processes.
- Protection: To protect our rights, property, and safety, or that of our customers and others.

2. Data We Collect

We collect various types of personal data, including:

- Identity Data: First and last name.
- Contact Data: Email address, phone number, billing and delivery address

3. Methods of Data Collection

We collect personal data using various methods, primarily through forms on our website:

- Direct Interactions: You provide your personal data when you fill out forms, create an account, subscribe to our services, or give us feedback.

4. How We Use Your Personal Data

We use your personal data for the following purposes:

Member's Full Name: _____

- SMS Program: If you opt into our SMS program, we will send you messages regarding our services, updates, policies, and promotional offers. You will receive messages about product updates, service notifications, and special offers. You can opt-out at any time.
- Service Provision: To perform the contract, we are about to enter into or have entered into with you.
- Marketing and Communications: To send you marketing materials or communicate with you about our services.
- Customer Support: To respond to your inquiries and provide support.

5. Data Storage, Maintenance, and Protection

We implement appropriate security measures to protect your personal data from being accidentally lost, used, or accessed in an unauthorized way, altered, or disclosed. These measures include:

- Data Encryption: Encrypting personal data to protect it from unauthorized access.
- Access Controls: Limiting access to personal data to authorized personnel only.
- Regular Security Assessments: Conducting regular security assessments to identify and mitigate potential vulnerabilities.

6. Your Rights You have the following rights regarding your personal data:

- Access: You can request access to the personal data we hold about you.
- Correction: You can request correction of any incomplete or inaccurate data we hold about you.
- Erasure: You can request deletion of your personal data where there is no good reason for us to continue processing it.
- Objection: You can object to the processing of your personal data where we are relying on a legitimate interest (or those of a third party) and there is something about your particular situation that makes you want to object to processing on this ground.
- Restriction: You can request restriction of processing of your personal data.

7. Opt-Out Options and Mobile Information

You have the right to opt out of receiving marketing communications from us at any time by:

- SMS: Replying "STOP" to any SMS message you receive from us. Email: Clicking the "unsubscribe" link in any email you receive from us.
- Account Settings: Updating your preferences in your account settings on our website.

More on mobile information usage, collection, and privacy

- Our SMS program provides updates, notifications, and promotional messages related to our services. By subscribing to our SMS program, you consent to receive SMS messages at the phone number provided. Message frequency may vary based on your interaction with our service.
- We do not share your mobile information with third parties or affiliates for marketing or promotional purposes. Additionally, all the categories of personal data mentioned above exclude text messaging originator opt-in data and consent. This information will not be shared with any third parties under any circumstances; however, we may share your data with trusted service providers who assist us in operating our SMS program, provided they

Member's Full Name: _____

agree to keep your data confidential and use it solely for the purpose of providing services on our behalf.

- You have the right to access, correct, verify, or remove your personal information at any time. To manage your information, please contact us at 203-756-8104
- Opt-Out Option: If you wish to opt-out of receiving SMS messages, you may do so at any time by replying "STOP" to any of our messages or by contacting us directly 203-756-8104.
- Opting out will not affect your other interactions with our services.

8. Changes to this Privacy Policy

We may change this Privacy Statement from time to time when necessary to reflect changes in our Services, how we use personal information, or the applicable law. If we make changes, we will revise the "Last Updated" date at the top of the statement. If we make material changes, we will provide you with notice or obtain consent regarding such changes as may be required by law. We encourage you to review the Privacy Statement whenever you access the Services or otherwise interact with us to stay informed about our privacy practices and the ways in which you can exercise choice over these practices. The practices described in this Privacy Statement are subject to applicable laws in the locations in which we operate.

Member's Full Name: _____

(Tear off this page, complete & return to the Boys & Girls Club)

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps, administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations.

Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth _____ Today's Date_____
Address of Child/Student _____ Town _____
Medication Name/Generic Name of Drug _____ Controlled Drug? ( ) YES ( ) NO
Condition for which drug is being administered _____
Specific Instructions for Medication Administration _____
Dosage _____ Method/Route _____
Time of Administration _____ If PRN, frequency _____
Medication shall be administered Start Date _____ End Date _____
Relevant Side Effects of Medication _____ ( )None Expected
Explain any allergies, reaction to/negative interaction with food or drugs _____
Plan of Management for Side Effects _____
Prescriber's Name/Title _____ Phone Number _____
Prescriber's Address Town _____
Prescriber's Signature _____Date _____
School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

____ I request that medication be administered to my child/student as described and directed above
____ I hereby request that the above ordered medication be administered by school, childcare and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, childcare nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.
_____ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For childcare only)
Parent/Guardian Signature _____ Relationship _____ Date _____
Parent /Guardian's Address _____Town _____ State _____
Home Phone _____ Work Phone _____ Cell Phone _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Member's Full Name: _____

Prescriber's authorization for self-administration ___ YES ___ NO _____
Signature Date

Parent/Guardian authorization for self-administration ___ YES ___ NO _____
Signature Date

School nurse, if applicable, approval for self-administration ___ YES ___ NO _____
Signature Date

Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

MEDICATION ADMINISTRATION RECORD (MAR)

Name of Child/Student _____ Date of Birth _____
Pharmacy Name _____ Prescription Number _____
Medication Order _____

DATE	TIME	DOSAGE	REMARKS	WAS THIS MEDICATION SELF-ADMINISTERED (CIRCLE ONE)	SIGNATURE OF PERSON OBSERVING OR ADMINISTERING
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

___ Authorization form is complete ____ Medication is appropriately labeled
___ Medication is in original container ____ Date on label is current

Person Accepting Medication (print name) _____ Date _____