



**City of Waukesha Parks, Recreation & Forestry**  
**Cool Before and After School Child Information Form**



*One form per child is required, all lines must be completed or place N/A.*  
**2018-2019**

**Banting - Bethesda - Hawthorne - Heyer - Hillcrest - Lowell - Prairie - Randall - Rose Glen**

<b>Child's Name</b> _____			
First	Middle	Last	
<b>Date of Birth</b> ____ / ____ / ____	<b>Age</b> ____	<b>Grade</b> ____	<b>Site</b> _____
<b>Home Phone</b> _____			
<b>Address</b> _____	<b>City</b> _____	<b>Zip</b> _____	

**Parents/Guardians**

<b>Parent/Guardian 1:</b> _____	<b>Relationship:</b> _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Email: _____		
<b>Parent/Guardian 2:</b> _____	<b>Relationship:</b> _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Email: _____		
<b>Parent/Guardian 3:</b> _____	<b>Relationship:</b> _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Email: _____		
<b>Parent/Guardian 4:</b> _____	<b>Relationship:</b> _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Email: _____		

**Emergency Contacts**

Name _____	Relationship to Child _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Name _____	Relationship to Child _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____

**Persons Authorized to pick up Child other than Parents:**

Name _____	Phone _____	Relationship: _____
Name _____	Phone _____	Relationship: _____
Name _____	Phone _____	Relationship: _____
Name _____	Phone _____	Relationship: _____

**(More on back)**

**Child Health/Behavior**

Does your child have any allergies, previous serious illnesses, medications, behavioral concerns, special needs, etc.?  
\_\_\_Yes\_\_\_No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

**Any other Information, you would like to share with Staff regarding your child:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW: Cool Before/Afterschool Parent Manual Sign-Off**

*This document must be completed, signed and turned in at the time of registration.*

As you register your child/ren for our before and/or after school programs, it's time to touch base on procedures that oftentimes are forgotten. We feel this happens primarily because there is so much information coming at families for the school year that it is tough to absorb it all. To assist in this matter, we are highlighting certain points that are very important and need to stand out. They are the following:

- 1.) Each site has a site phone number, which you can contact staff during program hours as well as leave messages anytime that staff will pick up. We ask that you leave a message if your child will not be attending the program, if someone other than yourself is picking up your child or if you are going to be later than 6pm.
- 2.) There is a late fee when picking up your child after 6:00 pm. There is a \$5.00 charge per child for each fifteen minute after six o'clock.
- 3.) For your child's safety and security, we need families to physically sign their child in and sign out their child every day. This is our legal record of a child's attendance for both before school and afterschool.
- 4.) If someone who is not listed on the Child Information form is picking up your child, and you have not notified program staff that your child will be picked up by someone not listed, we will not release your child with that person until we can get verbal or written verification from you.

Please sign the form below to indicate that you have read and reviewed this information and the WPRF Cool Before/Afterschool Parent Manual.

*I, (print name) \_\_\_\_\_ have read and reviewed the Parent Manual and understand the Cool Before and Afterschool program's policies and procedures.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you! All information on this form is kept in confidence and shared only with WPRF Before/Afterschool program staff and administrators*



**City of Waukesha Parks, Recreation & Forestry  
Authorization to Administer Prescribed or Over the Counter Medication**

**ONLY NEEDS TO BE COMPLETED AND RETURNED IF YOUR CHILD WILL BE TAKING  
 MEDICATION AT THE PROGRAM (2018-2019)**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Program Site: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Prescribed Medication Only - PHYSICIAN ORDER**

I am prescribing medication for (child's name) \_\_\_\_\_ which is as follows:

Name of Medication	Dosage	Form of Administration	Time	Possible Adverse Side Effects

**For inhaled medications, only – check appropriate line:**

\_\_\_\_\_ In my opinion, this student demonstrates the ability to carry and self-administer the above medication. If not checked WPRF staff will carry and help administer this medication.

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Over the Counter Medication – Parent Order**

Name of Medication	Dosage	Form of Administration	Time	Possible Adverse Side Effects

I give permission for my son/daughter to receive the medication authorized by his/her physician. I give permission to share this information with the appropriate WPRF staff. I will:

- 1.) Deliver medication to Staff in pharmacy-labeled container (Prescription only) or original container/packaging (over the counter only).
- 2.) Maintain a sufficient supply of medication at daily.
- 3.) Obtain a new authorization form if any changes occur with this medication.
- 4.) Pick up any un-used medication.

*The above order shall remain in effect through the end of the program for the 2018-2019 school year unless discontinued, changed by the physician, or if the parent/guardian withdraws the request in writing.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_