

HENRICO POLICE ATHLETIC LEAGUE



AFTER SCHOOL PROGRAM PARENT HANDBOOK

Table of Contents

INTRODUCTION	4
OUR PHILOSOPHY	5
Vision, Mission and Values	5
Desired Goals	5
PARENT RESPONSIBILITIES	6
Pledge	6
Late Pick-Up	7
Procedure for No Pick-Up	7
Disenrollment	7
Holidays/ Snow Days/ Henrico County School Half Days	7
HENRICO PAL CENTER SAFETY	8
Access to Centers	8
Drop-Off and Pick-Up	8
Henrico PAL Protection of Minors Provision	8
Commonwealth of Virginia Laws: Identity and Health	9
Transportation	9
Parent Involvement	10
Communication	10
Attendance	10
Confidentiality Policy	11
Daily Site Schedule for Students	11
Outdoor Play	11
Personal Belongings	12
School Supplies	12
Code of Conduct	12
Discipline/ Guidance Policies	12
Food Service	13
Food Allergies	13
Medication – EpiPen, Asthma Inhalers, Benadryl, and Sunscreen ONLY	13

Illness	14
Accident Report Forms	15
Emergency Preparedness	15
Henrico PAL ADA Policy	16
Diabetes Medical Management Plan	18
Back to School Checklist	27
Important Contacts	28
Payment Due Dates	29
Forms Required by Virginia for ALL Students	30
Child Release Authorization Form.....	31
Medication Administration Policy.....	32
Medication Authorization Form.....	36
PARENT ACKNOWLEDGEMENT	37

INTRODUCTION

The Police Athletic League is one of the oldest citizen-building youth programs in the nation. It builds friendships between law enforcement officers and children within the community and is based on the conviction that young people, if reached early enough, can develop strong positive attitudes towards police officers in their journey through life toward the goal of maturity and good citizenship.

The Henrico Police Athletic League was established in 2007. HPAL offers year-round and seasonal sports programs, after-school education programs, and summer camps. PAL is a non-profit 501(c) (3) youth-serving organization with the cooperative effort of the community and is committed to providing safe and structured activities to the youth of Henrico. The mission of the Henrico Police Athletic League is to provide a high quality and safe environment for at risk youth in grades K-12 through educational, athletic and social programs, while creating a positive relationship between police officers and youth.

Henrico PAL employs officers and a highly trained civilian staff to oversee these programs to insure safety, competency and order. Henrico PAL programs and facilities are available to all youth, regardless of their race, religion, or financial situation.

We would like to take this opportunity to welcome you and your children to the Henrico Police Athletic League's after school program. This Parent Handbook outlines what you may expect from Henrico PAL and outlines our policies and procedures. We hope it will be helpful and look forward to providing you and your child with a quality after school program experience. We invite you to visit our website at www.henicopal.org to learn more about our organization and our other exciting programs.

OUR PHILOSOPHY

Vision, Mission and Values

Vision: Serving all youth one opportunity at a time.

Mission: Provide a high quality and safe environment for at risk youth in grades K-12 through educational, athletic and social programs, while creating a positive relationship between police officers and youth.

Values: We believe in the following shared principles, beliefs and priorities....

Leadership: We will have the courage to lead from the front and shape the future of youth to develop their civic and community engagement. We are accountable for actions and results while creating social value for our community.

Service Excellence: We will give the best and set high expectations for ourselves and those we serve to achieve excellence each passing day.

Stewardship: We believe in our role as stewards of the public trust and the future of the young people we serve. We guard the integrity of our human and financial resources and the safety of our young charges carefully.

Trust: We will consciously commit to communicate in an authentic and transparent manner. We will listen, follow through, keep our word and always honor our commitments.

Desired Goals

The desired outcomes of the program are:

1. To improve the social, emotional and academic competencies of school age children by increasing student achievement in reading, mathematics, and language arts.
2. To increase homework completion and class participation and reduce negative and unhealthy behaviors.
3. To give parents a safe environment for their children and reduce incidents of violence in schools and the community.
4. To foster a positive relationship between the Police Department and the community.

PARENT RESPONSIBILITIES

At Henrico Police Athletic League, children are given the opportunity to explore and participate in a variety of experiences. Activities are carefully planned and implemented in an open-classroom setting. Children may choose from age-appropriate activities including art, music, dance, chess, language development, and free play. Children develop self-esteem, independence and problem-solving skills as they make choices and assist in planning the environment and activities.

Our primary goal is for children to feel safe and secure. Prior to being independent a child must know that he or she can depend on adults and a predictable environment. Children are treated with respect and kindness. It is important that all parents take responsibility and follow Henrico PAL's policies to achieve this goal.

Henrico PAL expects parents and guardians to be respectful and cooperative with our staff and to the children in our program. Any parent whom we feel is disrespectful, disruptive, threatening, or uncooperative, or behaving inappropriately, will risk their child's expulsion from the program. Parents are not permitted to approach or discipline other children and must take their concerns directly to the site manager or administration as soon as possible. Henrico PAL has a ZERO TOLERANCE for bullying or physical abuse of any kind.

Pledge

Pledges are due on the dates specified in section five (V). Automatic payments will be processed with the card entered at registration. It is the parent's responsibility to make certain the card is current and payment is processed. Payments may also be made with check or money order. Payments may also be dropped off or mailed to the office.

Henrico PAL address: Henrico Police Athletic League
8655 Staples Mill Road
Henrico, VA 23228

Office hours: Monday thru Friday 9:30 am to 4:30 pm

Please make certain both parent and child's name is on the check or money order. If we are unable to process payment on time due to incomplete information, a late fee may be assessed. Receipts are e-mailed, so please confirm email is correct at registration.

DO NOT PUT PAYMENTS IN CHILD'S BACKPACK OR GIVE TO THE SCHOOL OR HPAL STAFF.

Parents will be notified when payments are past due and a late payment fee of \$25 will be applied to balance. If an account is two payments behind, parents may be asked to remove their child. There is a \$25.00 returned check fee. Accounts must be current before registering for any of Henrico PAL's other programs; such as, Summer Camp.

Late Pick-Up

Henrico PAL After School Program closes at 6:00 p.m. daily. Please contact the center if there will be a delay in pick-up. There is a \$15 late fee for every 15 minutes past 6:00 pm.

Contact information between 2:15 and 6:00 pm:

Baker HPAL Site:	804 305-1816 – baker@henricopal.org
Lakeside HPAL Site:	804 690-0639 – chamberlayne@henricopal.org
Harvie HPAL Site:	804 690-1588 – harvie@henricopal.org

Procedure for No Pick-Up

The site manager will use the phone numbers provided on the child's registration forms to contact the parents, the emergency contacts, and then all names listed on the authorization to pick-up form if child is not picked up by 6:30. Social Services will be contacted for any child not picked up by 7pm.

Disenrollment

Parents are required to submit a two-weeks written notice or monetary equivalent when child is withdrawn from the program. This practice allows Henrico PAL time to contact those on the waiting list. Notice should be given to both site manager and administration.

Accounts cannot be suspended from payment due to child's participation in other school activities; such as, sports or clubs. In order to hold your child's spot in the program, you will need to continue to make payments or risk losing their space once the other activity ends.

Failure to provide written notice of termination will result in continued responsibility for payment.

Holidays/ Snow Days/ Henrico County School Half Days

The after-school program is closed on student holidays, snow days, and half-days.

There is no financial adjustment for your child's absence or school closure for any reason, except for the Winter Break and the Spring Break. This is reflected in the payment schedule found in section five (V.).

HENRICO PAL CENTER SAFETY

Henrico PAL is committed to providing a safe environment for the children who are enrolled as well as the staff members. This policy establishes security guidelines for all Child and Family Center sites.

Access to Centers

Parents and Guardians must knock or ring the doorbell to gain entrance. When entering or exiting the center, parents should not hold the door open for others to enter.

Drop-Off and Pick-Up

Only persons designated on the Henrico PAL Child Release Authorization Form for your child will be permitted to pick-up. Staff members will request photo identification. Please be aware that we do this for the safety and protection of the children in our programs. Henrico PAL will not release a child to anyone not listed on a signed Henrico PAL Child Release Authorization form.

Appropriate paperwork such as custody papers shall be attached to Child Release Authorization form if a parent is not allowed to pick up child. Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary the noncustodial parent of a student enrolled in a public school or day program center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day program activities.

All children arriving late to the program and all being picked up must be signed in/out each day.

Henrico PAL Protection of Minors Provision

Henrico PAL personnel adhere to Commonwealth of Virginia laws on mandatory child abuse reporting to either the appropriate law enforcement agency or the state hotline operated by the Virginia Department of Children's Services.

In addition to external reporting, Henrico PAL has a mandatory internal child abuse reporting procedure. If you have reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Henrico PAL program, please consult the program director or administration office at (804) 262-4725 or contact:

- Henrico County Child Protective Services: Mon.-Fri. 8am to 4pm (804) 501-5437
- Henrico County Division of Police: Emergency 911 or Non-Emergency (804) 501-5000
- Virginia Department of Social Services: 1-800-552-7096

Commonwealth of Virginia Laws: Identity and Health

The purpose of Code of Virginia 63.2-1809 is to identify missing children in regulated child day programs. If parent, guardian, or other person enrolling the child is unable to provide required information within 7 business days of initial attendance, Henrico PAL must notify local law-enforcement. The following documents are acceptable forms of reliable proof of identity:

- Certified copy of a birth certificate, Birth registration card, or Passport
- Copy of placement agreement or entrustment agreement from a child placing agency.
- Record from a public school in Virginia
- Copy of the conferring temporary legal custody or entrustment of a child to an independent foster parent.
- Child identification card issued by the Virginia Department of Motor Vehicles.

Code of Virginia 22.1-270 requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. The parent or guardian and medical provider must complete the **Commonwealth of Virginia School Entrance Health Form** no longer than one year before child enters school.

Henrico PAL must verify and maintain a record of confirmation of identity and immunization for each child. This information is protected under federal and state laws, and the Family Educational Rights and Privacy Act (FERPA).

Transportation

Please contact your child's school prior to the start of their enrollment in our program to inform them that your child will be picked up by Henrico PAL.

In compliance with Virginia's child restraint device law (**Code of Virginia Article 13 - Section 46.2**), a booster seat is required for any child through the age of seven (until 8th birthday) and will be provided by Henrico PAL.

For everyone's safety, the following rules must be obeyed at all times. Failure to follow the rules may result in suspension from program.

- Must remain seated and wear a seatbelt at all times.
- No eating or drinking on vehicle.
- No loud or abrupt noises that could distract driver.
- No throwing of objects inside or outside the vehicle.
- No yelling or hanging out head, hands, or arms outside the window.
- No cursing, abusive, or disrespectful language.
- No bullying or fighting at any time.

- Respect the driver and follow their instructions at all times.
-

Parent Involvement

Henrico PAL is focused on the child, while providing a supportive environment for both parents and staff. Your involvement is both welcomed and encouraged. We keep you informed of Henrico PAL activities through postings at pick-up locations, monthly newsletters, and website.

Please know that you are welcome to visit Henrico PAL. To arrange a visit, contact the site manager in advance and let them know you wish to assist with activities. Please remember that drop-off and pick-up times are very busy periods in terms of transitions and adjustments. These periods are not the best times to discuss a child's need's, progress, or growth especially if he or she is present.

The best way to address questions or concerns is by calling or emailing the site manager or the office and the appropriate person will return your call as soon as possible. Please do not call sites directly, since the team is focusing on all children in their care. Site mobile numbers should only be used for urgent situations or when pick-up will be late. When emailing a site manager please copy administration as site managers are not always able to check email and administration will make certain your message is received.

Communication

Communication is essential as we work together to meet the needs of your child. Please call, if you have any questions. We need and welcome your input. Should you observe any area or piece of equipment that needs maintenance or repair, please alert the manager. If you have any questions concerning Henrico PAL policy or practice, please ask the site manager or administration.

See Important Contacts for details and note all volunteers and staff at the site report to the Site Manager who reports to the Executive Director.

Attendance

Parents are required to notify their child's school and the Henrico PAL office whenever the child will not be attending the program. The Henrico PAL office then notifies the manager and driver. If Henrico PAL is not notified, the driver will not know if the child is absent due to other activity or missing. Both the school and Henrico PAL managers will begin contacting the parents and searching for the child.

The Henrico PAL After School Program staff transport children from authorized surrounding schools to one of three After School Programs sites in white Henrico PAL marked vans and buses. Henrico PAL takes attendance on all vehicles before departing. A second attendance is taken at the Henrico PAL site upon arrival. Children reporting to Henrico PAL from the same school the program is held will be led by teachers and report to a designated room within a set time frame. Attendance is taken before

children start any activity or transfer to another location. Parents must sign out their children upon pick-up.

Confidentiality Policy

The only information site managers should share with parents, is information concerning his or her child. Conversations about other children, other parents, co-workers, and supervisors are unprofessional, and a violation of Henrico PAL policy, and in some instances illegal.

Daily Site Schedule for Students

Henrico PAL provides a safe, structured, and fun environment for the students and parents we serve. Below is a general guideline of our daily schedule.

- 2:15pm-3:30pm: Students arrive from surrounding area schools and home sites. This includes students arriving from classrooms located within home site (i.e. Baker, Lakeside, and Harvie), HPAL Bus and Van pickups, as well as drop offs by parents utilizing other transportation.

During this time students are allowed to play outside and participate in other fun activities until snack time.
- 2:45pm-3:00pm: Students take breaks for the restroom, gather their things for homework time, and enjoy a snack.
- 3:00pm-4:00pm: Students take this hour to study and complete homework assignments. If a student does not have homework assigned, they must read or complete an academic assignment provided by the HPAL program.
- 4:00pm-4:30pm: Students are provided nutritious meals. Areas are cleaned and everyone is readied to go outside or to other designated areas for physical activities.
- 4:30-6:00pm: Students participate in activities inside and outside (weather permitting) that include both organized and unorganized play (board games, childhood obesity programs, free play on grounds equipment, etc.) until picked up.

Outdoor Play

All children go outside every day, weather permitting. We ask that children wear rubber-soled shoes for outdoor play. **Tennis shoes must be worn daily** as participants will be on the gym floor and playing on the athletic fields. Sandals, "jellies", "crocs" and flip-flops hinder a child's ability to participate and often create safety hazards.

We feel that outdoor play is important for each child, each day. Please do not ask that your child remains inside, as we are not staffed for one-to-one care.

Personal Belongings

Appropriate books enrich children's lives and may be brought to Henrico PAL at any time. Please label all items brought to Henrico PAL programs. Do not allow children to bring anything that they are not allowed to carry to school. Children are responsible for their personal belongings.

School Supplies

In order to better assist all students with their homework, please provide the following school supplies for communal use.

1. 24 #2 pencils
2. 1-24 pack of crayons
3. 2 glue sticks
4. 2 pink erasers
5. 1 pair of scissors
6. 1-12 pack of colored pencils
7. 1 pencil sharpener
8. 4 packs of loose leaf paper
9. Hand sanitizer

Code of Conduct

- The Henrico Public Schools Code of Conduct must be observed at all times.
- Additionally, there is **Zero Tolerance** for bullying, physical abuse of any kind (i.e. hitting, punching, biting or kicking), and disrespecting any adult staff member or Henrico PAL representative. Punishment can range from a warning, time-out, and/or suspension up to expulsion from the program.

Discipline/ Guidance Policies

As children mature and try to gain self-control, they may lose control. At such times, children may be redirected to another activity. Sometimes talking about what has happened eases the tension. A child may occasionally need to sit quietly in order to calm down and regain self-control.

Children are never spanked, humiliated, or embarrassed. If the behavior is persistent, staff will examine the environment and the events which surround the behavior. Through observation and discussion, staff will decide the most appropriate way of dealing with the situation. Parents will also be asked to share their ways of dealing with difficult situations.

All children are required to be respectful toward others and others' property. They are also required to follow established rules and policies, outlined by Henrico PAL and Henrico Public Schools. Staff counselors will explain to children why they are being disciplined and site managers will discuss with parents when there is a continued or serious issue.

Staff will ensure the safety and wellbeing of all children and take appropriate corrective action, to include:

Timeouts from activities: The maximum amount of time a child will sit out is determined by: one minute per year of age of the child (a 7-year old child will sit out no more than 7 minutes). The child may be removed from the activity or just sit in quiet during the allotted period. This action is for minor issues where the child has already been asked to refrain from a disruptive action. This action does not require completion of an incident report form.

Removal from activities: Repeated misbehavior or serious behavioral acts may result in a child being temporarily or permanently removed from the activity they are participating in at the time of the offense. All removals from activities must be reported to the site manager immediately, an incident report form must be completed by the counselor requesting the removal and the parent must be notified by the end of the program.

Suspensions or Permanent Removal from Program: All suspensions and removal from the program must be reviewed by the site manager and Executive Director.

Henrico PAL staff are not permitted to touch any children, except in emergencies where the child's safety or the safety of another child is at risk.

Food Service

Henrico PAL will provide nutritious meals and snacks. Students are permitted to bring their own meals and snacks if they choose to do so. Menu's for snack and dinner will be displayed on our website and at the center on a weekly basis.

Food Allergies

Parents whose children have food allergies must notify Henrico PAL in writing. This statement must include the types of allergens and procedures for emergencies in the case the child comes into contact with the stated allergens.

Medication – EpiPen, Asthma Inhalers, Benadryl, and Sunscreen ONLY

Occasionally, children will need to receive medication while at Henrico PAL. If your schedule allows, you may wish to come during the day and give the medication yourself.

Henrico PAL will only administer EpiPen's, Asthma Inhalers, and Benadryl as covered in (EMAT) the Emergency Medication Administration Training, as well as sunscreen. The program will administer only the listed medications above in accordance with VDSS child day program regulations. Only a provider who has completed the appropriate training and certifications (CPR, First Aid, DHO, and EMAT) and is listed as a medication administrator in the *Program's Decision Regarding Medication Plan* will be permitted to administer medication in the program, with the exception of sunscreen.

In order for the Henrico PAL to assume that responsibility, the following guidelines must be followed:

1. Prescription medication must be ordered by a physician for the child to receive the medication. Do not ask that we administer medication that was prescribed for another child or member of your family. Prescriptions must be in the original container with your child's name on the prescription.
2. No medication, whether prescription or non-prescription, will be administered to a child without written parental authorization. Permission to administer medication forms are available in the office, at the site, and online.
3. Medication should be handed to your child's site manager. All medication must be in the original container with the child's name printed clearly on label and will be kept locked in a secure place. See Authorization for Medication Form.

Illness

According to State Licensing Standards, a child must be fever free for 24 hours without the use of a fever-suppressant before returning to the Henrico PAL. Please do NOT administer a fever-suppressant and bring your child to HPAL. This is unfair not only to your child but also to the other children and staff. FEVER for children ages 5 and up is defined as 102F.

SIGNS OF POSSIBLE SEVERE ILLNESS including unusual lethargy, irritability, persistent crying, difficult breathing.

- UNCONTROLLED DIARRHEA
- VOMITING Two or more times in the previous 24 hours unless the vomiting is
 - determined to be due to a noncommunicable condition and the child is not in danger of
 - dehydration.
- MOUTH SORES, with drooling unless the child's physician has determined the illness
 - not to be a communicable disease.
- RASH, with fever or behavior change until a physician has determined the illness not be
 - a communicable disease.
- PURULENT CONJUNCTIVITIS Defined as pink or red conjunctiva with white or
 - yellow eye discharge, often with matted eyelids after sleep, including a child with eye
 - pain or redness of the eyelids or skin surrounding the eye.
- INFESTATION (e.g., scabies, head lice), until 24 hours after treatment was begun.
- IMPETIGO, until 24 hours after treatment was begun.
- STREPTOCOCCAL PHARYNGITIS, until 24 hours after treatment has been initiated
 - and until the child has been fever-free for 24 hours.

- PINWORM, until 24 hours after treatment was begun.
- RINGWORM, until 24 hours after treatment was begun.
- CHICKEN POX, until 6 days after onset of rash or until all lesions have dried and crusted.
- RUBELLA, until 7 days after the rash appears.

SOURCE: American Academy of Pediatrics/American Public Health Assoc. Reference Standard (1990) in NAEYC's Healthy Young Children

If your child becomes ill, you will be called to pick-up as soon as possible. You will be notified should your child be exposed to a contagious disease. Please notify Henrico PAL should your child become ill so that we may notify other parents of a contagious disease.

Accident Report Forms

If your child is involved in a mishap that requires any type of attention or first aid, and the site manager does not feel that you need to be called, you will be notified with an accident report. You will be advised of what happened, where it happened, and what action was taken.

Should an accident require emergency medical treatment, Henrico PAL will contact 911 and your child will be taken to the nearest emergency room. The parents will be contacted immediately to meet the staff member and the child at the Emergency Room. If neither parent can be reached, we will call the emergency contact person designated on the child's information sheet. When you registered for the Henrico PAL program, you gave authorization for us to implement the plan described above.

Emergency Preparedness

Staff is prepared to deal with a variety of emergency situations. During all circumstances, Henrico PAL staff will remain calm and stay with the children. In the case of a weather-related emergency, such as a tornado warning, children will be evacuated to the designated shelter for their building. In cases of structural damage to the building, staff will follow the directions of the Commander and/or Henrico County Police.

Henrico PAL uses OneCall Now for important messages. **Please text the word "Alert" to 22300 to opt-in.** You will be charged standard text messaging rates for all texts received from One Call Now. You don't need to do anything if you just want a recorded phone call.

Henrico Police Athletic League

Disability Accommodation Policy

Nondiscrimination in the Provision of Services to Persons with Disabilities

As a provider of public accommodations, Henrico Police Athletic League (“HPAL”) is proud to serve a diverse community of individuals, including those with disabilities. HPAL is committed to complying with both the letter and spirit of the Title III of the Americans With Disabilities Act (“ADA”) and will work with prospective and current participants with disabilities, and/or their parents/guardians, to ensure that individuals with disabilities are offered full and equal enjoyment to HPAL’s goods, services, facilities, privileges, advantages and accommodations. HPAL does not discriminate in the provision of services to individuals with disabilities, including children with diabetes, in any HPAL programs including, but not limited to, childcare, camps, before and after-school programs, classes and recreational programs. Accordingly, HPAL will not exclude individuals with disabilities from enrollment. HPAL also will not impose or apply eligibility criteria that tend to screen out or screen out individuals with disabilities.

Prospective or current participants with disabilities, and/or their parents/guardians, may, at any time, request modifications to the HPAL’s policies, practices and procedures and/or request auxiliary aids or services. All requests for modifications or for auxiliary aids and services should be directed to HPAL’s ADA Administrator, Brittany Stevens, bstevens@henricopal.org, (804) 262-4725.

HPAL will work with prospective or current participants in our programs, and/or their parents/guardians, to promptly address all requests for modifications to the HPAL’s policies, practices and procedures and/or for auxiliary aids or services and to determine what reasonable modifications and/or auxiliary aids and services are available. Our goal is to ensure that all participants in our programs with disabilities have access to the full and equal enjoyment of all HPAL programs. Accordingly, HPAL conducts individualized assessments on the specific facts of each request and will not apply a general prohibition against providing particular types of reasonable modifications. HPAL will make reasonable modifications for individuals with disabilities, including children with diabetes, unless the request for modification amounts to a fundamental alteration of the applicable HPAL program or unless permitting the individual to participate in the requested program poses a direct threat (as defined by the ADA) to the health or safety of other individuals. Similarly, HPAL will provide auxiliary aids and services for individuals with disabilities, unless the request for the auxiliary aids or services creates an undue burden or amounts to a fundamental alteration of the applicable HPAL program.

Where a child’s parent or guardian and a child’s physician or other qualified health care professional deem it appropriate (based on the child’s current health status) for a layperson to provide diabetes care to a child that is

a current or prospective enrollee in Henrico PAL's programs, training child care staff members to administer routine diabetes care is generally a reasonable modification under the ADA. Reasonable modifications shall include, but are not limited to supervising, assisting with, and performing the following diabetes care tasks: blood glucose monitoring, ketone monitoring, treating low blood glucose, administering insulin by any method of delivery, administering glucagon, monitoring any other diabetes-related medical equipment; and permitting such children to eat and drink as required to address their diabetes management, while participating in any program, service or activity, unless Henrico PAL can demonstrate that making the modifications would fundamentally alter its goods, services, facilities, privileges, advantages, or accommodations. See 42 U.S.C. § 12182(b)(2)(A)(ii); 28 C.F.R. § 36.302.

HPAL prohibits retaliation against any individual for exercising their rights to request and/or receive a modification to HPAL's policies, practices and procedures or auxiliary aids and services. HPAL further prohibits retaliation against any individual who in good faith participates in any investigation or proceeding related to a request for modification to HPAL's policies, practices and procedures or auxiliary aids and services.

For current or prospective participants with diabetes, HPAL has provided a Sample Diabetes Medical Management Plan with this Handbook, and it is also available on HPAL's website.

Management Plan (DMMP)

This plan should be completed by the student's personal diabetes health care team, including the parents/guardians. It should be reviewed with relevant HPAL staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

Date of plan: _____ This plan is valid for the current school year: _____ - _____

Student information

Student's name: _____ Date of birth: _____
 Date of diabetes diagnosis: _____ Type 1 Type 2 Other: _____
 School: _____ School phone number: _____
 Grade: _____ Homeroom teacher: _____
 School nurse: _____ Phone: _____

Contact information

Parent/guardian 1: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email address: _____

Parent/guardian 2: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email address: _____

Student's physician/health care provider: _____

Address: _____

Telephone: _____ Emergency number: _____

Email address: _____

Other emergency contacts:

Name: _____ Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Checking blood glucose

Brand/model of blood glucose meter: _____

Target range of blood glucose:

Before meals: 90–130 mg/dL Other: _____

Check blood glucose level:

- Before breakfast After breakfast _____ Hours after breakfast 2 hours after a correction dose
 Before lunch After lunch _____ Hours after lunch Before dismissal
 Mid-morning Before PE After PE Other: _____
 As needed for signs/symptoms of low or high blood glucose As needed for signs/symptoms of illness

Preferred site of testing: Side of fingertip Other: _____

Note: The side of the fingertip should always be used to check blood glucose level if hypoglycemia is suspected.

Student’s self-care blood glucose checking skills:

- Independently checks own blood glucose
 May check blood glucose with supervision
 Requires a school nurse or trained diabetes personnel to check blood glucose
 Uses a smartphone or other monitoring technology to track blood glucose values

Continuous glucose monitor (CGM): Yes No Brand/model: _____

Alarms set for: Severe Low: _____ Low: _____ High: _____

Predictive alarm: Low: _____ High: _____ Rate of change: Low: _____ High: _____

Threshold suspend setting: _____

Additional information for student with CGM

- Confirm CGM results with a blood glucose meter check before taking action on the sensor blood glucose level. If the student has signs or symptoms of hypoglycemia, check fingertip blood glucose level regardless of the CGM.
- Insulin injections should be given at least three inches away from the CGM insertion site.
- Do not disconnect from the CGM for sports activities.
- If the adhesive is peeling, reinforce it with approved medical tape.
- If the CGM becomes dislodged, return everything to the parents/guardians. Do not throw any part away.
- Refer to the manufacturer’s instructions on how to use the student’s device.

Student’s Self-care CGM Skills	Independent?	
The student troubleshoots alarms and malfunctions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a HIGH alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a LOW alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student can calibrate the CGM.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do when the CGM indicates a rapid trending rise or fall in the blood glucose level.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The student should be escorted to the nurse if the CGM alarm goes off: Yes No

Other instructions for the school health team: _____

Hypoglycemia treatment

Student's usual symptoms of hypoglycemia (list below): _____

If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than _____ mg/dL, give a quick-acting glucose product equal to _____ grams of carbohydrate.

Recheck blood glucose in 15 minutes and repeat treatment if blood glucose level is less than _____ mg/dL.

Additional treatment: _____

If the student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement):

- Position the student on his or her side to prevent choking.
- Give glucagon:

<input type="checkbox"/> 1 mg	<input type="checkbox"/> ½ mg	<input type="checkbox"/> Other (dose) _____
• Route: <input type="checkbox"/> Subcutaneous (SC)	<input type="checkbox"/> Intramuscular (IM)	
• Site for glucagon injection: <input type="checkbox"/> Buttocks	<input type="checkbox"/> Arm	<input type="checkbox"/> Thigh <input type="checkbox"/> Other: _____
- Call 911 (Emergency Medical Services) and the student's parents/guardians.
- Contact the student's health care provider.

Hyperglycemia treatment

Student's usual symptoms of hyperlycemia (list below): _____

- Check Urine Blood for ketones every _____ hours when blood glucose levels are above _____ mg/dL.
- For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose, give correction dose of insulin (see correction dose orders).
- Notify parents/guardians if blood glucose is over _____ mg/dL.
- For insulin pump users: see **Additional Information for Student with Insulin Pump**.
- Allow unrestricted access to the bathroom.
- Give extra water and/or non-sugar-containing drinks (not fruit juices): _____ ounces per hour.

Additional treatment for ketones: _____

- Follow physical activity and sports orders. (See **Physical Activity and Sports**)

If the student has symptoms of a hyperglycemia emergency, call 911 (Emergency Medical Services) and contact the student's parents/guardians and health care provider. Symptoms of a hyperglycemia emergency include: dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness.

Insulin therapy

Insulin delivery device: Syringe Insulin pen Insulin pump

Type of insulin therapy at school: Adjustable (basal-bolus) insulin Fixed insulin therapy No insulin

Insulin therapy (continued)

Adjustable (Basal-bolus) Insulin Therapy

- **Carbohydrate Coverage/Correction Dose:** Name of insulin: _____
- **Carbohydrate Coverage:**
 - Insulin-to-carbohydrate ratio:** _____ **Lunch:** 1 unit of insulin per _____ grams of carbohydrate
 - Breakfast:** 1 unit of insulin per _____ grams of carbohydrate **Snack:** 1 unit of insulin per _____ grams of carbohydrate

Carbohydrate Dose Calculation Example
$\frac{\text{Total Grams of Carbohydrate to Be Eaten}}{\text{Insulin-to-Carbohydrate Ratio}} = \text{Units of Insulin}$

Correction Dose: Blood glucose correction factor (insulin sensitivity factor) = _____ Target blood glucose = _____ mg/dL

Correction Dose Calculation Example
$\frac{\text{Current Blood Glucose} - \text{Target Blood Glucose}}{\text{Correction Factor}} = \text{Units of Insulin}$

Correction dose scale (use instead of calculation above to determine insulin correction dose):

Blood glucose _____ to _____ mg/dL, give _____ units Blood glucose _____ to _____ mg/dL, give _____ units
 Blood glucose _____ to _____ mg/dL, give _____ units Blood glucose _____ to _____ mg/dL, give _____ units

See the worksheet examples in **Advanced Insulin Management: Using Insulin-to-Carb Ratios and Correction Factors** for instructions on how to compute the insulin dose using a student’s insulin-to-carb ratio and insulin correction factor.

When to give insulin:

Breakfast

- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.
- Other: _____

Lunch

- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.

Other: _____

Snack

No coverage for snack

Carbohydrate coverage only

Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.

Correction dose only: For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose.

Other: _____

Insulin therapy (continued)

Fixed Insulin Therapy Name of insulin: _____

_____ Units of insulin given pre-breakfast daily

_____ Units of insulin given pre-lunch daily

_____ Units of insulin given pre-snack daily

Other: _____

Parents/Guardians Authorization to Adjust Insulin Dose

Yes No Parents/guardians authorization should be obtained before administering a correction dose.

Yes No Parents/guardians are authorized to increase or decrease correction dose scale within the following range: +/- _____ units of insulin.

Yes No Parents/guardians are authorized to increase or decrease insulin-to-carbohydrate ratio within the following range: _____ units per prescribed grams of carbohydrate, +/- _____ grams of carbohydrate.

Yes No Parents/guardians are authorized to increase or decrease fixed insulin dose within the following range: +/- _____ units of insulin.

Student's self-care insulin administration skills:

Independently calculates and gives own injections.

May calculate/give own injections with supervision.

Requires school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision.

Requires school nurse or trained diabetes personnel to calculate dose and give the injection.

Additional information for student with insulin pump

Brand/model of pump: _____ **Type of insulin in pump:** _____

Basal rates during school: Time: _____ Basal rate: _____ Time: _____ Basal rate: _____

Time: _____ Basal rate: _____ Time: _____ Basal rate: _____



Time: _____ Basal rate: _____

Other pump instructions: _____

Type of infusion set: _____

Appropriate infusion site(s): _____

For blood glucose greater than _____ mg/dL that has not decreased within _____ hours after correction, consider pump failure or infusion site failure. Notify parents/guardians.

For infusion site failure: Insert new infusion set and/or replace reservoir, or give insulin by syringe or pen.

For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen.

Physical Activity

May disconnect from pump for sports activities: Yes, for _____ hours No

Set a temporary basal rate: Yes, _____% temporary basal for _____ hours No

Suspend pump use: Yes, for _____ hours No

Additional information for student with insulin pump (continued)

Student's Self-care Pump Skills	Independent?	
Counts carbohydrates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates correct amount of insulin for carbohydrates consumed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administers correction bolus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets basal profiles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets temporary basal rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changes batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disconnects pump	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reconnects pump to infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares reservoir, pod, and/or tubing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inserts infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots alarms and malfunctions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other diabetes medications

Name: _____ Dose: _____ Route: _____ Times given: _____

Name: _____ Dose: _____ Route: _____ Times given: _____

Meal plan

Meal/Snack	Time	Carbohydrate Content (grams)
------------	------	------------------------------

Breakfast		_____ to _____
Mid-morning snack		_____ to _____
Lunch		_____ to _____
Mid-afternoon snack		_____ to _____

Other times to give snacks and content/amount: _____

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): _____

Special event/party food permitted: Parents'/Guardians' discretion Student discretion

Student's self-care nutrition skills:

- Independently counts carbohydrates
- May count carbohydrates with supervision
- Requires school nurse/trained diabetes personnel to count carbohydrates

Physical activity and sports

A quick-acting source of glucose such as glucose tabs and/or sugar-containing juice must be available at the site of physical education activities and sports.

Student should eat 15 grams 30 grams of carbohydrate other: _____

before every 30 minutes during every 60 minutes during after vigorous physical activity other: _____

If most recent blood glucose is less than _____mg/dL, student can participate in physical activity when blood glucose is corrected and above _____mg/dL.

Avoid physical activity when blood glucose is greater than _____mg/dL or if urine/blood ketones are moderate to large.

(See **Administer Insulin** for additional information for students on insulin pumps.)

Disaster plan

To prepare for an unplanned disaster or emergency (72 hours), obtain emergency supply kit from parents/guardians.

Continue to follow orders contained in this DMMP.

Additional insulin orders as follows (e.g., dinner and nighttime): _____

Other: _____

Signatures

This Diabetes Medical Management Plan has been approved by:

Student's Physician/Health Care Provider

Date

I, (parent/guardian) _____ give permission to the school nurse or another qualified health care professional or trained diabetes personnel of (school) _____ to perform and carry out the diabetes care tasks as outlined in (student) _____ Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care professional to contact my child's physician/health care provider.

Acknowledged and received by:

Student's Parent/Guardian Date

Student's Parent/Guardian Date

School Nurse/Other Qualified Health Care Personnel Date

Back to School Checklist

- Did you submit all important enrollment documents to Henrico PAL; including, birth certificate, immunization and physical forms?
- Did you sign the Virginia Department of Social Services Parental Agreements form? See Attachment.
- Did you complete the Henrico PAL Authorized Pick-Up form? If a biological parent is not allowed to pick-up, do we have a copy of the mandatory court document?
- Did you sign the Medication Policy and Medication Authorization forms? Even if your child doesn't require an EpiPen, inhaler, or Benadryl, you must sign the forms, so the Department of Social Services knows you read them.
- If your child requires an inhaler, EpiPen, or Benadryl, do we have a Medication Authorization Form with Doctor's signature?
- Do you have your child's medication to give to Henrico PAL site manager in original container with name clearly visible?
- Did you text the word "Alert" to 22300?
- Do you have important numbers in your cell phone for quick access? See Important Contacts.
- Did you purchase school supplies, place your name on it and drop it off at administrative office or with site manager?
- Did you notify your child's home school that your child will be participating in the Henrico PAL after school program?
- Did you review Henrico County School systems guide for Crisis Preparedness? Please see: <http://henricoschools.us/health-safety/> to review Henrico counties guide.
- Did you sign the Parent Handbook Acknowledge form and give to the site manager or HPAL administration? See last page.

Important Contacts

Henrico PAL			
Executive Director	Kenneth Ragland		info@henricopal.org
Office Manager/ ADA Administrator	Brittany Stevens	804.262.4725	bstevens@henricopal.org
Baker Henrico PAL Program			
Site Manager	Jenetha Whitney	804.305.1816 mobile 2:15-6pm, M-F	jwhitney@henricopal.org
Assistant Site Manager	tbd		
Police Support Tech		804.262.4725	baker@henricopal.org
Program Coordinator	Kevin Pegeas	office	
Lakeside Henrico PAL Program			
Site Manager	Lowell Thomas	804.690.0639 mobile 2:15-6pm, M-F	lthomas@henricopal.org
Assistant Site Manager	Yolanda Lee		
Police Support Tech		804.262.4725	chamberlayne@henricopal.org
Program Coordinator	Phyllistine Epes	office	
Harvie Henrico PAL Program			
Site Manager	Charles Anderson	804.690.1588 mobile 2:15-6pm, M-F	canderson@henricopal.org
Assistant Site Manager	Wandra Purnell		
Police Support Tech		804.262.4725	harvie@henricopal.org
Program Coordinator	Jazmine Bruce	office	

Payment Due Dates

The Henrico PAL 2019 – 2020 after school program payment dates and the periods covered are:

Payment Due	Amount	Period Covered
Registration	\$120.00	9/3/2019 - 9/13/2019
9/16/2019	\$120.00	9/16/2019 - 9/27/2018
9/30/2019	\$120.00	9/30/2019 - 10/11/2018
10/14/2019	\$120.00	10/14/2019- 10/25/2018
10/28/2019	\$120.00	10/28/2019 - 11/8/2018
11/11/2019	\$120.00	11/11/2019 - 11/22/2018
11/25/2019	\$120.00	11/25/2019 - 12/6/2018
12/9/2019	\$120.00	12/9/2019- 12/20/2018
1/6/2020	\$120.00	1/6/2020 - 1/17/2020
1/20/2020	\$120.00	1/20/2020 - 1/31/2020
2/3/2020	\$120.00	2/3/2020 - 2/14/2020
2/17/2020	\$120.00	2/17/2020 - 2/28/2020
3/2/2020	\$120.00	3/2/2020 - 3/13/2020
3/16/2020	\$120.00	3/16/2020 – 3/27/2020
3/30/2020	\$60.00	3/30/2020 - 4/3/2020
4/13/2020	\$120.00	4/13/2020 – 4/24/2020
4/27/2020	\$120.00	4/27/2020 - 5/8/2020
5/11/2020	\$120.00	5/11/2020– 5/22/2020
5/25/2020	\$120.00	5/25/2020 - 6/5/2020
6/8/2020	\$60.00	6/8/2020 – 6/12/2020
	\$2,280.00	Total Annual Fee

Forms Required by Virginia for ALL Students

- Department of Social Services Registration with signed Health Agreement
- Child Release Authorization (pick-up)
- Medication Administration Policy
- Medication Authorization Form
- Child's Proof of ID
- Copy of Immunization
- Copy of Physical done within last 12 months
- Parent Handbook

Henrico PAL Child Release Authorization Form



I, _____, give my authorization for the individual(s) below to pick up my child, _____, from the Henrico PAL program in my absence.

Name:	Contact #:	Relationship to Child:

Parent Signature _____ Date _____

***Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up child. Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary the noncustodial parent of a student enrolled in a public school or day program center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day program activities.



Henrico Police Athletic League Administration of Medication

All Henrico PAL programs, including those at: Baker, Lakeside, and Harvie, have made the following decision regarding the administration of medication:

I (or my staff) will administer **only sunscreen, liquid Benadryl, Epipen (epinephrine), and/or asthma inhalers.**

The program will administer prescription medication by all routes covered in the EMAT course (liquid Benadryl, inhaler, and Epipen to give epinephrine), as well as sunscreen.

The program will administer only the listed medications above in accordance with VDSS child day program regulations pertaining to the administration of medication in a child day program. Only a provider who has completed the appropriate training or has appropriate licensure and is listed as a medication administrator in the *Program's Decision Regarding Medication Plan* will be permitted to administer medication in the program, with the exception of sunscreen.

I (or my staff) will have parent permission to apply to any over-the-counter sunscreen in accordance with VDSS regulations. Any over-the-counter sunscreen will be applied in accordance with the package directions for use. If the parent's instructions do not match the package directions, I (or my staff) will get health care provider instructions before applying the sunscreen. All over-the-counter sunscreen will be kept in its original labeled container. All child-specific sunscreen will be labeled with the child's first and last names. Sunscreen will be kept in a clean area that is inaccessible to children. Sunscreen will be stored in a lock box inaccessible to children.

All leftover or expired sunscreen will be given back to the child's parent for disposal. Sunscreen not picked up by the parent will be disposed of in a garbage container that is not accessible to children. All over-the-counter sunscreen administered to a child during program hours will be documented on a child-specific log. All observable side effects will be documented. Parents will be notified of any observed side effects by the end of the day. Parent notification will be immediate if the side effects are severe. If necessary, emergency medical services will be called. Parents will be notified of all "as needed" over-the-counter sunscreen applied to their child and told what symptoms were observed that required the application. The program will only apply over-the-counter sunscreen which parents supply for their child.

I understand that as a provider it is my obligation to protect the children in my care from injury. Part of this obligation includes the application of sunscreen according to parent permission.

Authorized Staff to Administer Medication:

I understand that any individual listed in this section as a medication administrator is approved to administer medication using the following routes: liquid Benadryl by mouth, asthma inhaler, and Epipen to give epinephrine.

I understand that to be approved to administer medication, other than over-the-counter sunscreen, all individuals listed in my *Program's Decision Regarding Medication* plan must have valid:

- Emergency Medication Administration Training (EMAT) certificate.
- CPR certificate which covers all ages of the children my program is approved to care for as listed on my registration/license.
- First aid certificate which covers all ages of children my program is approved to care for as listed on my registration/license.

I understand that the individuals listed in my *Program's Decision Regarding Medication* plan as medical administrators may only administer medication when the medication labels, inserts, instructions, and all related materials written in the language indicated on the EMAT certificate.

Medication Administrators:

All staff listed as medication administrators will have EMAT, first aid, and CPR certificates that cover the ages of the children in care and are at least 18 years of age. Documentation of age-appropriate first aid and CPR certificates will be kept on site and are available upon request.

Forms and Documentation Related to Medication Administration:

Medication Consent Form: My program will accept permission and instructions to administer medication on the Henrico PAL medication consent form. All medication administered to a child during program hours will be documented on the VDSS form *Log of Medication Administration*.

Application of over-the-counter sunscreen during program hours will be documented on the VDSS form *Log of Medication Administration*.

Each medication log will be attached to the child's corresponding medication consent form. All observable side effects will be documented on the child's medication log. Parents will be notified on any observable side effects by the end of the day. Parent notification will be immediate if the side effects are severe. If necessary, emergency medical services will be called. I (or my staff) will document whenever medication is not given as scheduled. The date, time, and reason for this will be documented. Parents will be notified as soon as possible. If the failure to give medication as scheduled is a medication error, I (or my staff) will follow all policies and procedures related to medication errors. All medication consents and medication logs will be kept in a secured cabinet in the Medication log book.

Handling Storage and Disposal of Medication:

All medication must be properly labeled with the child's first and last name and be accompanied by the necessary parent permission and, when applicable, health care provider instructions in accordance with VDSS regulations before it will be accepted from the parent or parent representative. All medication must be kept in its original labeled container. Medication must be kept in a locked place using a safe locking method that prevents access by children. Medication will be stored in a lock box inaccessible to children. All medications with a pharmacy label identifying the contents as a controlled substance are regulated by the Federal Drug Enforcement Agency. These medications will be stored in a locked area with limited access. The controlled substances will be stored in a lock box and access will be given only trained staff members with EMAT certification.

I (or my staff) will check for expired medications monthly. All leftover or expired medication will be given back to the child's parent for disposal. Medication not picked up by the parent within one month will be flushed down the toilet or disposed of in a garbage container that is not accessible to children.

Medication Errors:

If a medication error occurs in my program, I will notify the child's parent immediately. I will maintain confidentiality of all children involved. I will encourage the child's parent to contact the child's health care provider if an error occurs. I will complete the VDSS form *Medication Error Report Form* to report all medication errors that occur in my program. If more than one child is involved in the error, I will complete a *Medication Error Report* for each child involved.

Confidentiality Statement:

Information about any child in my program is confidential and will not be given to anyone except Henrico PAL designees or other person authorized by law unless the child's parent gives written permission.

Information about any child in my program will be given to the local department of social services if the child receives a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

ADA Statement for Programs:

My program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in my program now or in the future is identified as having a disability covered under the Americans with Disabilities Act, I will assess the ability of the program to meet the needs of the child. If my program can meet the needs of the child without making a fundamental alternation to the program, I will not exclude the child from my program.

Provider Statement:

I understand that it is my responsibility to follow my *Program's Decision Regarding Medication* plan and all health and infection control regulations applicable to child day programs.

I will verify and document the credentials for all new staff certified to administer medication before the staff is allowed to administer medication to any child in the child day program. The *Program's Decision Regarding Medication* plan will be made available to parents at enrollment, whenever changes are made and upon request.

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

Provider's Name (please print): Retired Sgt. Kenneth L. Ragland	Facility Name: Baker/Brookland/Lakeside/Harvie/ Moody
Provider's Signature:	Date:
Provider's Name (please print): Charles Anderson	Facility Name: Harvie
Provider's Signature:	Date:
Provider's Name (please print): Jenetha Whitney	Facility Name: Baker
Provider's Signature:	Date:
Parent's Name (please print):	Name(s) of Child or Children:
Parent or Guardian Signature:	Date:



Medication Authorization Form

Only medications permitted are liquid Benadryl, asthma inhaler, and Epipen

Section A: To be completed by parent/guardian - Instructions: Section A must be completed by the parent/guardian for ALL medication authorizations.

Medication authorization for: _____
(Child's name)

_____ has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician - Section B must be completed for any long-term medication authorizations (those lasting longer than 10 working days).

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)
below to be administered to: _____ for a duration that exceeds 10 work
days. (Child's name)

Medication(s): _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Physician's Signature: _____ Date: _____

Physician's Phone: _____

PARENT ACKNOWLEDGEMENT

I acknowledge and affirm that I have read the entire Henrico Police Athletic League 2018-2019 After school program Handbook and will comply with its contents.

Parent Signature: _____

Print Name: _____

Print Child's Name: _____

Site Location: (Please choose one.)

____ BAKER

____ HARVIE

____ CHAMBERLAYNE

Date: _____

Please submit signed acknowledgment form to site manager or Henrico PAL administration office located at: 8655 Staples Mill Road, Henrico, VA 23228