

Parent Package Template

This template is provided as a guide for programs who are developing their parent communication materials. Content should be edited to fit the needs of the program.

Finalized parent communications should be reviewed by the UAH Office of Risk Management and Compliance prior to distribution or participant registration.

Introduction

Thank you for entrusting your child to us for the duration of our program. We hope that your child has a wonderful experience while they are with us. As a parent/guardian, we know that you are also concerned about the safety and wellbeing of your child. This package has been developed to answer many of the most common questions. If you have additional questions, please don't hesitate to contact us. [Edit this information to fit your program.]

What to bring? [Edit this information to fit your program.]

Example below:

- Casual clothing, socks, and shoes that are comfortable to walk in.
- Backpack containing a notebook and pens/pencils
- Refillable water bottle

Schedule/Agenda Information: [Required]

[Edit this information to fit your program.]

Program Contact Information [Required]

[Edit this information to fit your program.]

Transportation and Attendance Records [Required]

[Explain where participants are to be dropped off/picked up. Include driving and parking directions.]

Example below:

Children will be transported by their parent/guardian or drive themselves. Each child will be signed in at the beginning of activities and signed out at the conclusion of the program each day by a parent/guardian. If a child drives themselves to and from the program, they must sign themselves in and out. A photo ID is required for pick-up.

Code of Conduct [Required]

[Edit this information to fit your program.]

Example below:

Participants are expected to be on their best behavior at all times. The following behaviors will not be tolerated. These include, but are not limited to:

- obscene or profane language

- leaving the school grounds
- physically abusing staff or other participants
- threatening, harassing or intimidating staff or other participants
- possessing weapons
- possession or distribution of obscene literature, pictures or devices
- possession or consumption of pharmaceutical drugs except as prescribed by a family physician
- possession or consumption of tobacco and/or alcoholic beverages
- selling or possession with intent to distribute drugs, chemicals or alcoholic beverages

Emergency Contact Information [Required]

Participant Name: _____

Program/Activity Name: _____ Program Date: _____

Emergency Contacts

Name: _____ Relationship to Child: _____

Phone: _____ Driver License Number: _____

Name: _____ Relationship to Child: _____

Phone: _____ Driver License Number: _____

Mandatory Reporting of Child Abuse/Neglect [Required as written]

Program Staff are mandatory reporters. If suspected that a child is a victim of child abuse or neglect, staff must report the information to The University of Alabama in Huntsville Police Department. Any person who makes a good faith report of child abuse or neglect shall not be subjected to retaliation and is immune under Alabama law from any liability-civil or criminal-that might otherwise be incurred or imposed.

UAH requires any individual with care, custody, and control of children (when parents are not present) must complete annual background checks and complete training that teaches concrete ways to recognize, prevent, and report situations of sexual misconduct.

EMERGENCY ACTION GUIDE [Required]

Emergency Contacts

The UAH Police Department is the primary contact for all campus emergencies. Calls will be routed to the appropriate campus and local first responders from UAH Police Communications.

UAH Police Department – Emergency911 or (256) 824-6911

UAH Police Department – Non-Emergency(256) 824-6596

Off-Campus Emergencies 911

Huntsville Police Department(256) 722-2100

Emergency Plan and Procedures

The following methods will be used to notify the campus community of various emergency conditions that may impact students, faculty, staff, visitors, and campus operations:

UAlert – UAH’s emergency notification system. University students and employees may register for UAlert (ualert.uah.edu) to receive voice, text, and email notifications.

E-mail to UAH official e-mail addresses.

UAH Home Page – (www.uah.edu) UAH’s official website for weather closings and emergency event information updates.

UAH official social media sites

- Twitter: www.twitter.com/UAHuntsville
- Facebook: www.facebook.com/UAHuntsville

Outdoor Warning Sirens – Two campus sirens activated by Huntsville-Madison County Emergency Management Agency during tornado warnings for Madison County.

Program Staff have been trained on the UAH emergency procedures.

Safety Plan for Overnight Campus Stays [Required when applicable]

[If applicable, edit this information to fit your program.]

Example:

Participants must abide by the code of conduct while staying on campus. Programs that involve overnight stay or use of UAH housing by children will have appropriate residential supervision by Program Staff, including but not limited to:

- Oversight:
 - Children will be staying in suites based upon biological sex.
 - Program Staff will limit mixed age groups as much as possible. Children over 12 years of age will not be located in the same suite as children under the age of 12.
 - Two Program Staff of the same biological sex as the children will be in the same suite with children aged 12 and under.

- Program Staff of the same biological sex as the children will be located on the same hallway as children over the age of 12.
- Program Staff are not permitted to enter any restroom or shower areas when a child is using the restroom or bathing.
- In accompanying children to a restroom outside of a residential suite, Program Staff shall check first for suspicious activity in the restroom, then exit and permit the child to use the restroom alone.
- Staff Vigilance and overnight monitoring plans:
 - Head counts will be performed at lights out 9:30pm and again at 12:30am by two Program Staff over the age of 18 and of the same sex as the children.

Medication Management

[If applicable, edit this information to fit your program. A Medication Administration Record Form template is available on the CPP website].

Example:

Participant Name: _____

Program/Activity Name: _____ Program Date: _____

Prescription or over-the-counter (OTC) medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the Program under the condition that the medications will be secured by program staff and made available to participant for self-administration as authorized in writing by the participant's parent/guardian. It is the participant's responsibility to come to get their medications, but program staff will make every effort to remind them as needed. If the participant is unsure of the medication to take or the correct dosage, program staff will contact the parent or guardian for clarification.

Medication must be in its original container and all labels must be intact with instructions clearly legible. Prescription medications must be labeled by the pharmacist or prescriber, with the name, address and phone number for the pharmacist or prescriber. It is advised that containers hold only the amount required for the time the participant will be attending the Program. If a tablet should be cut in half, this should be done before the submitting medication to the Program. Please send medicine cups for liquid medications.

All medications for a single participant should be stored in a plastic bag labeled with the participant's name and date of birth. All medications and medication bags will be returned to the participant's parent/guardian when the program is over. This form must be completed fully in order for participants to self-administer required prescription or OTC medication. A new Medication Management form is required for each program attended by the participant, each medication, and each time there is a change in dosage or time of administration of a medication. Note: Unless we have prior parental authorization, we cannot provide ANY OTC medications.

Medication Name: _____ Dose: _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach/with water, taken with food, etc.):

Time and frequency of administration: _____

If taken as needed, for what symptoms: _____

Relevant side effects: _____

Medication shall be administered from (date): _____ to _____

Special Storage Requirements

Is refrigeration required? ___ Yes ___ No

Prescriber's Name/Title: _____

Prescriber's Place of Employment: _____ Telephone: _____

If your child requires any assistance with their medications, please explain:

Authorization for Self-Administration of Medication

- I authorize self-administration by my child for the above medication(s). (initial: _____)
- I affirm that my child has been instructed in the proper self-administration of the prescribed medication(s) by their physician. (initial: _____)

I shall indemnify and hold harmless the Program Staff, The University of Alabama in Huntsville, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s). (initial: _____)

Signature of Parent or Guardian: _____ Date: _____

Parent or Guardian Name (print) _____

Work Phone: _____ Cell Phone _____

Medical Information

Parent/Guardian Authorization for Medical Care

[If applicable. If the Program Director chooses not to administer non-emergency medication, parents or guardians must be notified prior to the participant's enrollment in the program.]

Example below:

It is recommended that parents/guardians consult with a physician prior to a child's participation in the program. Parents/guardians and their physicians are responsible for providing an accurate medical history and final determination regarding appropriateness of participation.

Relevant Medical Information

All immunizations up to date? ____ Yes ____ No Date of last tetanus shot: _____

Please list any current medical concerns or medical history we need to know about your child (past injuries, current conditions, physical limitations, etc.)

If your child has any limiting medical conditions that you or your physician feel could impact participation in this program, please explain below

List any allergies: (Ex. medications, bee stings, latex, plants, etc.)

Explain any accommodations that your child needs to enable them to safely participate in the program/activity:

Food Allergy/Intolerance/Other Dietary Concerns

My child has an allergy related to the following foods:

____ Dairy ____ Soy ____ Eggs ____ Peanuts ____ Shellfish ____ Fish
____ Wheat ____ Gelatin

Other, please list: _____

My child has an intolerance to the following foods:

____ Gluten (celiac disease or gluten sensitivity) ____ Lactose

Other, please list: _____

Please provide any additional information or explanation that you feel could be relevant or beneficial for program staff to know in supporting your child during this program.

[Note: Do not share Protected Health Information (PHI) with the ORMC. PHI should be safeguarded as required in federal legislation].