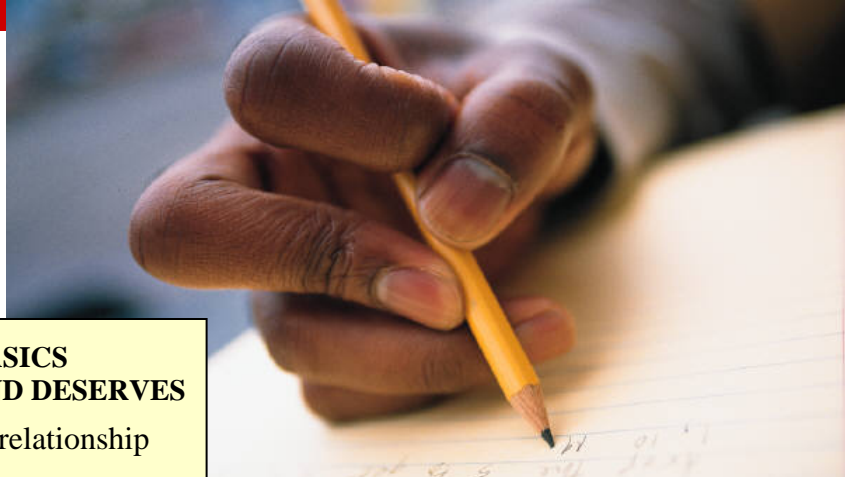
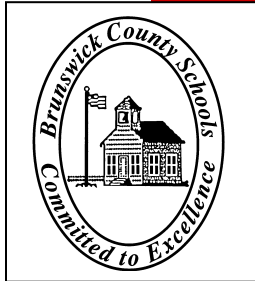




2010-2011 After School Programs



THE FIVE CIS BASICS EVERY CHILD NEEDS AND DESERVES

- A personal, one-on-one relationship with a caring adult
- A safe place to learn and grow
- A marketable skill to use upon graduation
- A chance to give back to peers and community
- A healthy start and healthy future

THE CIS AFTER SCHOOL PROGRAM OFFERS

- Homework Assistance
- Enrichment Activities
- Arts and Crafts
- Recreational Activities
- Computer Lab
- Field Trips
- Summer Camps

Serving Brunswick County Schools

Kindergarten –Grade Five

School Sites

- Belville Elementary
- Jesse Mae Monroe Elementary
- Lincoln Elementary
- Southport Elementary
- Supply Elementary
- Town Creek Elementary
- Union Elementary
- Virginia Williamson Elementary

Usual After School Hours

*Monday - Friday
3:00 pm - 6:00 pm*

The CIS After School Parent Handbook is available online at www.cisbrunswick.org



For more information please contact
Kathy Smith, Director of After School Programs
Office (910) 253-5327 x1432 Fax 754-8117

*Schedules and sites are subject to change
based on enrollment and funding.*

A NOTE TO PARENTS

Please know that the Communities in Schools staff have worked very hard to maintain after school program fees at the same level over the last several years.

We understand that many of you, like CIS, are dealing with financial challenges during this difficult time, so we are very pleased to be able to keep our base fees unchanged for the 2010-2011 school year.

Some of the necessary changes made in 2010 are still in place for this year...

- Minimum site enrollment increased from 15 to 20 children to help ensure program stability. (Please see page 5 for more information)
- Discounts will only be available for families with multiple children enrolled. (Please see page 8 for more information)
- Relying more on help from parents for snacks, donations, volunteering, etc. (Please see page 5 for more information)

New for 2010-2011

- **Pre-enrollment with full payment is required two full weeks in advance for holiday weeks *December 20-23 and April 26-29* to ensure program stability. During these weeks, program hours are 7AM – 6PM. In the event that the minimum number of paid enrollees does not reach 15 children, refunds will be issued and the site will close for that particular week. We regret that we cannot issue refunds under any other circumstance.**

We look forward to a wonderful year. Please feel free to contact me if you have any questions.


Sincerely,

Kathy Smith
Director
CIS After School Program
(910) 253-5327 x 1432
cisafterschool@atmc.net

**CIS After School Parent Handbook
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**** All forms in the Signature Section must be signed and returned to the CIS Site Manager ****

COMMUNITIES IN SCHOOLS (CIS) MISSION STATEMENT

To champion the connection of needed community resources with schools to help young people learn, stay in school, and prepare for life.

PROGRAM OVERVIEW

Welcome to the Brunswick County Schools/Communities In Schools After School Program. This program is one of many services offered to children and families in Brunswick County through partnerships with Communities In Schools. The mission of the CIS After School Program is to enrich the lives of children academically, socially, culturally, emotionally and physically while providing a safe and caring environment. Students are offered homework assistance, recreational activities and enrichment opportunities. The program is open to students currently enrolled in kindergarten through fifth grade in the following Brunswick County schools.

This handbook outlines our policies, rules and procedures. Please take time to become familiar with this information. We are looking forward to serving your family in the CIS After School Program. Schedules and sites are subject to change based on enrollment and funding.

CONTACT NUMBERS

If you have any questions or concerns, please contact the appropriate After School Site, Janet Baldree, After School Operations Coordinator, at 910-371-3182, or Kathy Smith, After School Director, at 910-253-5327 x1432

AFTER SCHOOL SITES

SCHOOL & ADDRESS	SITE PHONE	SCHOOL PHONE	SCHOOL FAX
Belville Elementary (PK-5) 575 River Road Leland, NC 28451	371-2245	371-0601	371-0063
Jessie Mae Monroe Elementary (PK-5) 250 Pea Landing Road, NW Ash, NC 28420	287-4622	287-4014	287-4027
Lincoln Elementary School (PK-5) 1664 Lincoln Road Leland, NC 28451	383-0743	371-3597	371-6149
Southport Elementary (PK-5) 701 West 9 th Street Southport, NC 28461	454-9848	457-6036	457-6042
Supply Elementary (PK-5) 51 Benton Road, SE Supply, NC 28462	754-5392	754-7644	754-3112
Town Creek Elementary (PK-5) 6330 Lake Park Dr., SE. Winnabow, NC 28479	253-6500	253-6500	253-6501
Union Elementary (K-4) 180 Union School Road, NW Shallotte, NC 28459	575-7753	579-3591	579-5542
Virginia Williamson Elementary (K-5) 1020 Zion Hill Road Bolivia, NC 28422	754-5403	754-8660	754-8661

MINIMUM ENROLLMENT & AVERAGE DAILY ATTENDANCE

A minimum of twenty (20) students is needed to operate any program in order to be self-supporting and ensure program stability.

AFTER SCHOOL TUITION ASSISTANCE

Communities In Schools of Brunswick County, Inc. (CIS) is committed to providing the children of Brunswick County with a safe place to learn and grow. The CIS After School Program currently offers a limited amount of help for families needing financial assistance. All applicants must meet the following guidelines:

1. The amount of assistance awarded through each site is based upon the student enrollment at that site and it is awarded to eligible students on a first come first served basis.
2. Tuition assistance is awarded for six-month intervals, after which each application will be reviewed for further consideration. Tuition assistance will be awarded for a maximum of one calendar year.
3. A family may receive one-half to one full weekly fee for the length of time tuition assistance is awarded.
4. If a student is absent two consecutive weeks, their tuition assistance is automatically forfeited.

Parents may request an application from the After School Site Manager at the individual sites.

TAX PROCEDURE

Receipts will be given when payments are made. The parent or guardian is responsible to retain these receipts. No additional receipts or estimates of payment will be provided for taxes or other purposes. The Communities In Schools of Brunswick County, Inc. Federal ID is: 56-1921263.

PERSONAL BELONGINGS

Personal toys are discouraged, as these items may be difficult for your child to share, and sharing is the normal routine for the children. Parents are advised not to allow their children to bring valuables to the program. If they do, it is at their own risk. The After School Program is not responsible for lost or stolen items. Please check for child's belongings each day before leaving the program. All items and belongings should be labeled with the child's name.

CHILD PICK -UP PROCEDURE

The person picking up the child must sign the child out before the child will be released. Students will **ONLY** be released to individual(s) listed on the child's registration form. **All children must be picked up by 6:00 PM.**

Daily room clean up is part of our programming. Consistency, cooperation, and your support are needed in the clean up. When picking up your child, please urge them to clean up, put things away and return games, supplies and equipment to their proper place before leaving.

During the After School Program, we provide a variety of activities. When picking up your child, if the program is away from the regular activity area, a notice will be posted.

If a child is not picked up by the closing time of the program, the site manager will call the parent/guardian's home and /or work numbers. If a parent cannot be reached, the emergency contacts listed on the registration form will be called. If neither the parent/guardian nor emergency contacts can be reached within 45 minutes after closing time, law enforcement and/or social services will be notified. The site manager will notify the After School Operations Coordinator and the After School Director of the situation and will remain with the child until the authorities arrive. Parents will be responsible for all costs incurred.

PARENT / VOLUNTEER INVOLVEMENT

Communities In Schools encourages and supports parent involvement in the program. Volunteers are needed in many capacities, such as helping children with homework, providing activities, snacks and other donations, and recruiting other volunteers.

PERSONNEL

The After School Director will provide supervision for the overall program and staff through the guidance of Communities In Schools. The After School Operations Coordinator, Site Managers and Group Leaders are responsible for the day-to-day operation of the program. The staff has been carefully selected for their character and experience with children, special talents and creativity. All staff has been thoroughly screened with a complete background check.

EMERGENCY / ACCIDENT PROCEDURES

Parents are responsible for medical care in case of an accident involving a student, as Communities In Schools does not carry medical insurance on students in the After School program. Please contact school administration for more information on student accident insurance.

Parents of all children in the program are required to sign a medical release giving the After School Site Manager/Staff permission to seek medical attention for the child in case of an emergency - the following procedures will be used:

1. A staff member will carry out immediate first aid for minor accidents and will notify their parent/guardian when child is picked up that day.
2. In case of serious accidents, a staff member will notify a parent/guardian immediately.
3. If the parent or designated person cannot be reached, the After School Site Manager/Staff will call the local emergency unit for treatment and/or to transport the child to the hospital for treatment. A staff member will remain at the hospital with the child until the parent or guardian arrives. Parents will be responsible for all costs incurred.
4. In case of family emergencies or change in scheduling (such as inclement weather, etc.), please notify the school (not the After School staff) if your child should not attend the program on a given day. It is the responsibility of parents to make the appropriate arrangements with the school - the After School Program staff does not have the authority to do so.

CODE OF CONDUCT

The After School Program prohibits the following activities and violation may result in immediate dismissal from the program and or penalty imposed by Brunswick County Schools:

- Possession and/or use of alcoholic beverages and/or illegal drugs or being present where drug activity is occurring
- Possession and/or use of tobacco products or being present where individuals are using tobacco products
- Possession of weapons or firearms
- Vulgar language, fighting or any violent actions toward fellow students, program staff members, guest speakers, or volunteers and tutors, running away from the program
- Public display of affection
- Vandalism or destruction of Brunswick County School/Communities In Schools property or property of others

DISCIPLINE PLAN

The program's philosophy of discipline is based on respect for the child's self-esteem, setting reasonable limits and consequences, and encouraging increased self-discipline. Only constructive methods of discipline shall be used to promote good behavior. The staff will work with the child and strive to cooperate with parents to resolve any problems that may arise.

However, if a child's behavior consistently disrupts the flow of the program, physically or emotionally harms others, or otherwise conflicts with the program rules and guidelines, parents will be notified. After reports to the parents, one oral and one written, the child may be **SUSPENDED** from the program for a designated length of time.

In cases of severe discipline problems, parents may be called to pick up their child immediately and the child may be suspended at that time. **NOTE: NO FEES WILL BE REFUNDED UPON SUSPENSION OR DISMISSAL.** Staff will not be responsible for enforcing punishments placed on a child by parents for misbehavior at home.

GRIEVANCE PROCEDURES

In the event of a grievance/complaint, the following procedures are to be followed: 1) Contact the After School Site Manager/Staff at the site with the problem or concern and schedule an appropriate time for a conference. 2) If this effort is unsuccessful in resolving the problem, the parent may contact the After School Operations Coordinator at 371-3182. 3) If a resolution has not been reached through the two previous channels, you may contact the After School Director at 253-5327 x1432.

OPEN DOOR POLICY

Any custodial parent or guardian of a child enrolled in the program shall be permitted access to the program during regular hours of operation for the purpose of contacting their child or evaluating the care provided or the premises. Our first priority is the welfare of the children and the appropriate supervision needed in order to deliver a quality program. We encourage your involvement and ask that you coordinate your visits with the site manager so he/she can arrange sufficient time to spend with you and so we can schedule any additional staff needed to ensure that students are properly supervised. Upon entering the site, the visitor shall notify the After School Site Manager/Staff of their presence and the purpose of their visit. Parents are asked to be reasonable with their visits and considerate of the program activity.

Parents are always welcome to participate. Please contact the After School Site Manager/Staff for further information.

HOURS OF OPERATION

The CIS After School Program is available approximately 250 days per year. A complete list of closings will be posted in advance. If a program must relocate during holidays or school closings, parents will receive notice as soon as possible.

Hours of Operations:	Regular /Full Day School Days:	3:00 PM – 6:00 PM
	Half Day Session / Early Release School Days:	Release of students – 6:00 PM
	Teacher Workdays, some Holidays & Intercessions	7:00 AM – 6:00 PM
Important Notes:	A late pick-up fee will be charged after 6:00 PM - details on next page.	
	On full day programs, a parent/guardian must escort the child to the program site and check in with a staff member. Do not drop a child off to enter program alone.	
Program Closed:	September 6, 2010 (Labor Day) November 24-25-26, 2010 (Thanksgiving) December 24-31, 2010 (Christmas Break)	January 17, 2011 (Martin Luther King Day) April 25, 2011 (Easter Holiday) May 30, 2011 (Memorial Day)

Summer Programs

Summer programs at several central locations are available for all elementary students. School availability determines the central site(s). Location of the program may have to be changed due to custodial cleaning of the facilities, construction, and/or other issues. Summer programs operate Monday-Friday, 7:00 AM – 6:00 PM.

INCLEMENT WEATHER

If school closes or releases students early due to inclement weather or any other emergency situation, the After School Program will not operate that day. The program will resume on the same day school resumes. If the weather becomes hazardous or an emergency situation occurs after the program has begun, parents are asked to pick up their children as soon as possible. Parents must notify school personnel of any alternate arrangements for their children when program is closed due to inclement weather.

FEES (Subject to change with notice)

- **Please make all checks payable to: CIS-“Program Location”.** (Example: CIS-Belville)
- **Please write the student’s name on the MEMO line of the check.**
- **NO** refunds or credits will be given under any circumstances for fees or fieldtrips.
- Fees are due each Monday or on the first day your child attends the program.
- In order to maintain a space in the program, all students enrolled in the CIS After School Program will be required to enroll as either full time or part time.
- **FULL TIME** students: parents will be required to pay the weekly rate of \$50 for after school (or \$90 for weeks with 3 or more full days - **\$90 weeks must be paid two weeks in advance to reserve space.**)
 If a student is absent two weeks without payment, the student will automatically be dropped from the program. If a student is terminated from the program due to non-payment, parents must pay a re-enrollment fee in addition to any outstanding balance.
- **PART TIME** (or as needed) students: the afternoon rate of \$25.00 or full day rate of \$40.00 per full day will be charged.

Late Payment Fees: If the weekly payment is not received on the first day of the week your child attends the program, a \$5.00 **per day late fee** will be added to the weekly fee, until payment is made or child is terminated from the program.

Late Pick Up Fees: Late pick-up fees will be charged as follows if parents pick up children after 6:00 PM:

5-15 minutes late	\$ 5.00
16-45 minutes late	\$10.00
45 + minutes late	\$25.00 - if a parent or emergency contact cannot be reached, law enforcement and/or social services will be notified.

Student activity fees/fieldtrip fees will be collected prior to the activity/fieldtrip. To ensure proper staff/student ratio, fees will be collected one week in advance for full day program.

Do not pay in Front Office of the school. Fees are payable in ADVANCE to the After School Site Manager on Monday or on the first day of the week services are to be rendered **and 2 weeks in advance for Full Day Program weeks December 20-23 and April 26-29.** Although the program meets at the school, it is not a public school program. Pay all fees to the After School Site Manager between 3:00 p.m. and 6:00 p.m.

Returned checks will be charged a fee of \$15.00 and must be paid before child can return to program. If the returning of checks becomes an issue, checks will no longer be accepted from the individual. In the event fees are not paid or are habitually late, the site manager will notify the parent that **DISMISSAL** from the program will be necessary.

Registration Fees: \$15.00 per child at the beginning of each school year

Program Fees:

<u>Regular School Day Program / 3:00 - 6:00 PM</u> (weeks with 2 or fewer full days)	<u>Full Day Program / 7:00 AM - 6:00 PM</u> (weeks with 3+ full days)
<u>Full-Time Students:</u> \$50.00 for 1 child / per week \$95.00 for 2 children (same family) / per week \$140.00 for 3 children (same family) / per week	<u>Full-Time Students:</u> \$90.00 for 1 child / per week \$175.00 for 2 children (same family) / per week \$260.00 for 3 children (same family) / per week
<u>Part Time Students:</u> \$25 per child / per day	<u>Part-Time Students:</u> \$40 per child / per day
Occasional activity/fieldtrip fees	Occasional activity/fieldtrip fees

SNACKS AND LUNCHESES

Please check with your after school site manager regarding the availability of afternoon snacks. As part of the National School Lunch Program, a light snack may be provided at qualifying school sites. Sites that do not qualify will ask parents to pack a snack for their child.

On full day programs, each child is asked to bring their own morning and afternoon snacks and a bag lunch. Please send in a bag or lunch box, clearly marked with the child's name. No refrigeration or microwave is available. If a child forgets to bring a lunch on a full day program, the staff will provide lunch for that child and the parent will be billed an appropriate fee.

GENERAL PROGRAM INFORMATION

1. No child shall ever be left alone or unsupervised.
2. Attendance will be taken each day.
3. All children enrolled in the program are to report directly to the designated area upon school dismissal. On days of special fieldtrips and/or camps, students are to be escorted by the parent to the program site and checked in with a staff member. Again, please do not drop a child off to enter the program alone.
4. We encourage parents/guardians to schedule a brief conference with the After School Site Manager within the first 2-weeks of your child attending the program.
5. Staff will not be responsible for escorting a child to or from an extracurricular activity such as gymnastics or special tutoring that is not part of the After School Program, whether it is held on or off the school campus.
6. Suspected cases of abuse or neglect will be reported to the appropriate authorities by staff. Reported cases include a parent who is suspected of being intoxicated when picking up a child.
7. The site manager will establish a designated pick-up place, with location posted.
8. If the program is away from the regular activity area, a notice will be posted.
9. If a child has an allergy, eating disorder, or any other special need, the parents should notify the staff in writing with any necessary instructions.
10. If a child becomes ill, parents will be notified. Parents are responsible for picking up sick children as soon as possible. Students will be isolated from the other participants until a parent arrives. The child will be under the supervision of a staff member.
11. If a child is absent from the regular school day, he/she should not attend the After School Program that day.
12. Students are expected to follow the school's rules and regulations. The school officials have the authority to handle any situation that occurs during the After School Program.
13. Parents are responsible for completing an evaluation form, surveys and success update forms at least twice a year.
14. Parents must complete a copy of the school's Internet access agreement.
15. Activity fees will not be refunded.
16. In case of emergencies, it is the parent/guardian's responsibility to notify the emergency contacts and the After School staff to make any necessary arrangements.

Signature Section

(Forms in this section must be signed and returned to the Site Manager/Staff.)

STUDENT PROFILE / REGISTRATION
TO BE FILLED OUT BY A PARENT / GUARDIAN ONLY!

Date: _____

After School Site: _____

How did you hear about the CIS After School Program?

- Child enrolled during school year Flyer Parent Referral
 School Referral Other: _____

Attendance Status: (check one)

- Full-Time Student:** \$50.00 after school weekly rate / \$90.00 full-day weekly rate
 Part-Time Student: \$25.00 after school daily rate / \$40.00 full-day daily rate

Student ID Number or last 4 digits of SSN: _____ (Mandatory due to state requirements.)

Student Name: _____
(First) (Middle) (Last)

Address: _____

Date of Birth: _____ Age: _____ Gender: _____ Race: _____

Grade: _____ Homeroom Teacher: _____

Free/Reduced Lunch Status: (check one) Pay Reduced Free

Check each school year the student participated in a CIS program:

- 2006-2007 2007-2008 2008-2009 2009-10

Living Arrangements: (check one)

- Both Parents Mother & Stepfather Father & Stepmother Mother Only
 Father Only Grandparent(s) Other Relative(s) Foster Care
 Group Home Institution Secure Detention Other _____

Student Name: _____

Parent Information:

Mother/Guardian: _____ **Email:** _____

Home Phone: _____ Cell Number: _____

Work Phone: _____ Employer: _____

Father/Guardian: _____ **Email:** _____

Home Phone: _____ Cell Number: _____

Work Phone: _____ Employer: _____

Emergency Information:

Person to be notified in case of an emergency: _____ Relationship: _____

Phone #: _____ Alternate Phone #: _____ Other #: _____

Release Information:

Please List Anyone **NOT** Allowed to Pick Up Your Child:

Name and telephone numbers of individual(s) **allowed** to pick up your child:

Student's Medical Information:

Allergies/Physical Conditions: _____

Current Medication: _____

Dr.'s Name: _____ **Phone:** _____

Student's Insurance Information:

My child has insurance: Yes OR No

IF YES - Insurance Company _____ Phone #: _____

Policy #: _____ Policy Holder's Name: _____

Medicaid #: _____

IF NO - I understand that I am financially responsible for any expenses for medical care and/ or transportation incurred on my child's behalf while participating in the Communities In Schools After School Program.

If you are interested in information about Health Check/Health Choice (free or low cost medical insurance for children) you may contact Brunswick County Health Department at 253.2268.

Does your child receive services through DSS of Brunswick County? If so, please list services below: (This information will only be used to seek and apply for more county and grant funds. Your child's name will not be used.)

Brunswick County Schools / CIS
Field Trip and Medical Treatment Consent Form

I, _____, the parent/guardian of _____,
(please print) (circle one) (child's name)

hereby give permission for my child to attend the field trip of **All Communities In Schools trips.**
(teacher, grade or subject, and school)

_____ , on _____
(destination) (date of trip)

The field trip is planned to include the following itinerary: ALL

The trip's educational purposes include: ALL

PERMISSION TO GIVE MEDICAL ASSISTANCE:

Should any medical emergency arise during the above field trip, I give my permission to the supervising teacher(s) to seek medical assistance for my child.

PERMISSION TO GIVE MEDICATION:

I affirm and give permission to the supervising teacher(s) to give the following medication, _____
_____, to my child. This (these) are to be given to my child

WAIVER OF LIABILITY FOR FIELD TRIP:

In addition, I affirm that the aforementioned student is covered by a student accident or other appropriate insurance policy, or if the aforementioned student is not so covered, I understand that he/she may not be covered by any applicable insurance policy during the trip.

(Date)

(Signature of parent/guardian)

Brunswick County Schools / CIS

Non-School Foods Permission and Release

From time to time throughout the school year, classes may plan parties and special events that involves food brought in from outside sources. These items are not being provided by, and are not regulated by, the strict safety guidelines exercised by the Brunswick County Schools Child Nutrition Program. Because of growing concern over children's food allergies and overall student safety, we want to make sure we have your permission for your child to participate in these and similar events.

Commercially prepared and sealed products may be served at special events, but parents and relatives often wish to bring items from home. Items prepared by parents and others working at home and in private kitchens not regulated by the Health Department, however may not always meet the same sanitation standards required by commercial food preparers. For that reason, we ask that you approve or deny permission for your child to be served food that is brought in from private and non-regulated kitchens.

Please fill in the information below and sign, indicating your permission. And thank you for your continued support of the Brunswick County Schools and CIS.

Student _____

School _____ Teacher _____

I, the undersigned parent (or legal guardian) of the student named above, give permission for him/her to be served non-commercial food prepared by parents or relatives of classmates in non-regulated kitchens as indicated below. I release the Brunswick County Schools / Communities In Schools and all BCS / CIS employees from liability as a result of illness or injury thereunto.

Events	<u>Yes</u>	<u>No</u>
Seasonal parties and special events (Thanksgiving, Christmas, Easter, etc.)	_____	_____
Class members' birthday parties	_____	_____
Class cultural events involving food	_____	_____
Other parties and special events of the class	_____	_____

Please list any food allergies or food this student cannot eat: _____

Parent/Guardian Signature

Date

PARENTAL PERMISSION

In order for my child to receive the full benefits of this program, I grant my permission for the following:

- My child may attend fieldtrips with the After School Program. I understand that my child may be traveling or walking to various sites within the community which may require him/her to be transported by a Brunswick County School vehicle, county vehicle, or rental vehicle. I also understand that if my child is unable to attend a fieldtrip I will notify the After School staff in writing or by phone in advance.
- My child may participate in physical activities without restrictions.
- My child may participate in the enriching and challenging activities provided by CIS and other partnership agencies.
- Communities In Schools may take pictures, videotapes, and/or record my child for publicity/promotional purposes.
- Communities In Schools may receive information about my child's grades, assignments, student eligibility for free/reduced lunch status, social security number, medical condition, End of Grade (EOG) scores and percentile, test grades, school records, report cards and classroom behavior.
- My child may access the Internet in adherence to the Brunswick County School's Internet Policy.

Parent/Guardian Signature: _____ **Date:** _____

Student Name: _____

School (Site): _____

MEDICATION FORMS

**Parents: Return the following forms
if your child will need medication
during after school hours**

Brunswick County Schools
&
NC School Health Program Manual

Request for Medication Administration in School

To be completed by physician

Student Name: _____ School: _____ Fax: _____

Medication: _____ Dosage: _____

Time(s) medication is to be given: a.m. ____ p.m. ____ To be given from: (date) _____ to _____

Significant Information (include side effects, toxic reactions, omission reactions):

Contraindications for Administration _____

If an emergency situation occurs during the school day or if the student becomes ill, school officials are to:

- A. Contact me at my office _____ Telephone _____ Fax _____
- B. Take child immediately to the emergency room at _____

FOR SELF-ADMINISTRATION ___ Yes ___ No

Student has demonstrated understanding of and ability to self-administer asthma medication, diabetes medication, or medicine for anaphylactic reactions and may carry and self-administer as prescribed. [Asthma/allergic reaction MDI (*Medication Dose inhaler) MDI with spacer *Epi-Pen diabetes-insulin] *Parent/guardian must provide an extra inhaler to be kept at school in case of emergency

A written statement, treatment plan and written emergency protocol developed by the student's health care provider must accompany this authorization form in accordance with requirements stated in G.S. 115C-375.2

Student must have a self-medication treatment contract.

All medication for use at school will be furnished by parent or guardian in a container properly labeled by a pharmacist with identifying information, (e.g., name of child, medication dispensed, dosage prescribed, and the time it is to be given or taken).

Physician's Stamp Here

Physician's Signature

Date

PARENT'S PERMISSION

I hereby give my permission for my child (named above) to receive medication during school hours. This medication has been prescribed by a licensed physician. I hereby release the School Board, their agents, and employees from all liability that may result from my child taking the prescribed medication. This consent is good for the school year, unless revoked.

Parent or Guardian's Signature

Telephone Number

Date

(School Use Only)

Name and title of person to administer medication (unless self-administered)

Approved by _____
Principal's Signature

Date

Reviewed by _____
School Nurse's Signature

Date

Brunswick County Schools
&
NC School Health Program Manual

Student Agreement for Self-Carried Medication

Student: _____ Grade: _____ School: _____

Parent Signature: _____ Telephone Number: _____

Licensed Health Care Provider: _____ Telephone Number: _____

Medication: _____ Dose and Time: _____

Medication is permitted in accord with state laws and district policy. Both student's health care provider and parent/guardian must complete Medication Authorization Form. Student's name must appear on inhaler/container.

RESPONSIBILITIES

I plan to keep my inhaler, equipment, and/or Epi-Pen with me at school.

I agree to use my inhaler, equipment, and/or Epi-Pen in a responsible manner, in accordance with my licensed health care provider's orders.

I will notify the school staff (i.e., teacher, nurse) if I am having more difficulty than usual with my health condition.

I will not allow any other person to use my inhaler, equipment, and/or Epi-Pen. If I use the medication in a manner other than as prescribed, the school may impose disciplinary action according to the school's disciplinary policy.

Student's signature: _____ Date: _____

____ Written statement, treatment plan and emergency action plan completed by the health care provider and on file at a location that is easily accessible.

____ Demonstrates correct use/administration.

____ Recognizes proper and prescribed timing for medication.

____ Agrees to carry medication.

____ Knows health condition well.

____ Keeps a second labeled container in health office or main office per G.S 115C-375.2

____ Will not share medication or equipment with others.

Comments:

School Nurse Signature: _____ Date: _____

Principal Signature: _____ Date: _____

COMMUNITIES IN SCHOOLS OF BRUNSWICK COUNTY, INC.
After School Program
STUDENT/PARENT HANDBOOK ACKNOWLEDGEMENT FORM

I, _____, parent/guardian of
(Print Parent/Guardian's Name)

_____, who attends the
(Print Student's Name)

Communities In Schools After School Program at _____,
(Print Name of School)

acknowledge that I have received a copy of the CIS After School Program Student/Parent Handbook.

I have read it and I am willing to abide by the policies set forth therein.

Handbook Includes: Site Locations, Fees, Procedures for Grievance, Snacks, Personal Belongings, Child Pick-Up Procedure, Tax Procedure, Personnel, Emergency/Incident Procedures, Parent/Volunteer Involvement, Code of Conduct, Discipline Plan, Open Door Policy, General Information, Student Profile and Registration and Permission Forms

Parent/Guardian Signature: _____ **Date:** _____