

**CITY OF DE PERE KIDZ ZONE  
 HEALTH HISTORY AND EMERGENCY CARE PLAN**

*Please complete both sides of form.*

**Instructions:** The parent / guardian must complete this form for placement in the child's file prior to the child's first day of attendance. A periodic review by parents / guardians and staff is recommended. Information contained on the form shall be shared with any person caring for the child.

<b>CHILD INFORMATION</b>			
Name (Last, First, MI)		Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)	
<b>PARENT / GUARDIAN INFORMATION</b> Provide information where the parent(s) / guardian(s) may be reached while the child is in care.			
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cell
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cell
<b>PHYSICIAN / MEDICAL FACILITY INFORMATION</b>			
Name – Physician	Address – Medical Facility		Telephone Number

1. Check any special medical condition that your child may have.

- No specific medical condition
- Asthma       Diabetes       Epilepsy / seizure disorder       Gastrointestinal or feeding concerns including special diet and supplements
- Cerebral palsy / motor disorder     Emotional / behavior disorder including ADD or ADHD
- Other condition(s) requiring special care – Specify.

Food allergies – Specify food(s).

Non-food allergies – Specify.

**DE PERE COMMUNITY CENTER**

600 Grant St.  
De Pere, WI 54115

**920-339-4097**

2. Triggers that may cause problems – Specify.	
3. Signs or symptoms to watch for – Specify.	
4. Steps the child care provider should follow. If medications are necessary, the Authorization to Administer Medication should be attached to this form.  a. b. c.	
5. When to call parents regarding symptoms or failure to respond to treatment.	
6. When to consider that the condition requires emergency medical care or reassessment.	
7. Additional information that may be helpful to the childcare provider.	
<b>SIGNATURE</b> – Parent or Guardian	Date Signed

**Review dates:** \_\_\_\_\_

## IMMUNIZATION RECORD

COMPLETE IN INK AND RETURN TO FACILITY PRIOR TO ATTENDING PROGRAM. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if properly signed health, religious, or personal conviction waiver is filed. The purpose of this form is to measure compliance with the law and will be used for that reason only.

**PERSONAL DATA** **PLEASE PRINT**

<b>Step 1</b>	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number (    )	

**IMMUNIZATION HISTORY**

**Step 2** List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					*Hib vaccine is only required for children in licensed day care centers. Do <u>not</u> report the dates your child received Hib vaccine on this form.
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

**REQUIREMENTS**

**Step 3** Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

**COMPLIANCE DATA**

**Step 4** **STUDENT MEETS ALL REQUIREMENTS**  
Sign at Step 5 and return this form to facility.  
\_\_\_\_\_ Or \_\_\_\_\_

**STUDENT DOES NOT MEET ALL REQUIREMENTS**

Check the appropriate box below, sign at Step 5, and return this form to facility. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM THE PROGRAM IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

**WAIVERS** (List in Step 2 above, the date(s) of any immunizations your child has already received)  
\_\_\_\_\_

**For health reasons** this student should not receive the following immunizations \_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE - Physician** **Date Signed**

**For religious reasons** this student should not be immunized.

**For personal conviction reasons** this student should not be immunized.

\_\_\_\_\_

**LIST VACCINE(S) WAIVED**  
\_\_\_\_\_

**SIGNATURE**

**Step 5** This form is complete and accurate to the best of my knowledge.

\_\_\_\_\_

**SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student** **Date Signed**

**De Pere Park & Recreation Dept. Kidz Zone**  
**Transportation Permission Slip –**  
**WESTWOOD ONLY**

I/we, \_\_\_\_\_, hereby give permission for  
*Parent/guardian*  
\_\_\_\_\_ to be transported from Our Lady of Lourdes School to  
*Name of child*  
Westwood Elementary School and/or from Westwood Elementary School to Our Lady of Lourdes for the Kidz Zone Before and/or After School Programs during the 2024-2025 School year.

Date	Telephone (day & evening)
Parent/Guardian Signature	Print name
Parent/Guardian Signature	Print name

**WAIVER OF LIABILITY**

The undersigned, in consideration of the City of De Pere allowing \_\_\_\_\_  
*Name of child*  
(hereinafter “my child”) to be transported by Lamers Bus Lines from Our Lady of Lourdes to Westwood and/or from Westwood to our Lady of Lourdes. I/we acknowledge that such transportation by bus can, as with all transportation, be hazardous with risk of accident, rollover, diesel fume exposure, personal injury, destruction of personal property, fire, emotional trauma among other injuries. I also understand that lack of seat belts on school buses may exacerbate these injuries and damage.

I/we hereby release the City, its employees, officials and agents against any loss, damage, or expense arising from any actual or claimed death or injury or damage to property, whether owned by myself, my child, the City, or third parties, including loss of use, which actually or allegedly results from, or actually or allegedly arises in connection with the above transportation, including any such injury, death, or damage caused in whole or in part by the negligence of the City, its employees, officials and agents.

I/we have had the opportunity to review this release and to negotiate this waiver and I/we sign this waiver on behalf of myself and my child.

DATE \_\_\_\_\_

Parent/Guardian signature	Parent/Guardian signature
Print name: _____	Print name: _____

## RELEASE FORM

### [Photos/Images of Self/Minor child(ren)]

I hereby grant the City of De Pere the right and permission to use and publish photographs/film/videotapes/ electronic representations made of me/my minor child(ren) by the City of De Pere, its employees or agents, while participating in any City of De Pere sponsored or directed activity, or as submitted by me, and I hereby release the City of De Pere, its officers, officials and employees from any and all liability from such use and/or publication. I understand that I will not be entitled to any form of compensation for their use and I waive any claim I may have under the Right of Privacy Statute (Wis. Stats. §995.50). I understand that once published, I may not revoke this authorization.

#### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Name of minor child (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# Character Contract for Positive Discipline

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
Last First

The goal of Kidz Zone is to provide an atmosphere for children to develop a variety of satisfying skills and relationships, while enjoying fun, healthy activities. As a family, please read, discuss, and initial this Character Contract together.

\_\_\_\_\_ **Appropriate Conversation** – Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other students or staff.

\_\_\_\_\_ **Appropriate Language** – Children must refrain from using obscene language or gestures for any reason.

\_\_\_\_\_ **Respect** – When asked to do or not to do something, a student needs to follow directions the first time given. This is for the safety of all participants. Please speak to staff and other students with respect.

\_\_\_\_\_ **Play** – Participants are asked not to engage in any horseplay with each other. No one will be allowed to hit, kick, push, or display any type of aggressive behavior. We keep our hands and feet to ourselves. Students are expected to participate in group activities.

\_\_\_\_\_ **Caring** – It is important to use and care for equipment, toys and games properly, so that other campers can enjoy them.

## What will happen if this contract is violated:

If an incident occurs where a participant conducts himself/herself in a manner that jeopardizes their safety, the safety others, or is not in accordance with Kidz Zone guidelines, the following steps will be taken. **Please note – depending on the severity of the violation, Kidz Zone privileges may be terminated for the duration of the school week or the duration of the school year.**

1. **First violation** – A staff member will address and document the issue directly with the child. The child may be removed from an activity for a portion of the day.
2. **Second violation** – A staff member will address and document the issue directly with the child. The parent or guardian will be contacted.
3. **Third violation** – A staff member will address and document the issue directly with the child. The parent or guardian will be contacted immediately to pick up their child from Kidz Zone.

**The Kidz Zone Character Contract and Behavior Guidelines have been read and discussed.**

Child's Signature: \_\_\_\_\_

Parent/Guardian(s)

Signatures: \_\_\_\_\_

Date: \_\_\_\_\_