

Peace Place Child Information Form

Your Child's Name	Date of Birth/Age
<i>Optional:</i> If you would like, please share an estimate of your child's developmental age, if differing from your child's biological age.	

Communication

Please share about how your child communicates (with what kinds of words, signs, gestures, body language) and how we can best communicate with your child. Are there catch phrases or behaviors that indicate needs that we'll want to keep in mind?

What does your child like and dislike? Are there certain favorite characters, books, toys or activities that he/she prefers?

What are good ways to soothe and calm your child? Are there favorite comfort items (like a blanket) that would help to bring with you to Peace Place?

Are there known triggers which your child finds upsetting that we should seek to avoid?

Typical Routine 8:30 – 11:30 a.m.

We are requesting information about your child's usual routine so that we may make the activities of this time of day as familiar as possible. For example, if your child usually naps at about 10 a.m., we could attempt to make napping possible at 10 a.m.

Providing this schedule is optional.

9 am
10 am
11 am
12 pm
Anything we should watch for?

Care Information

Please describe knowledge and accommodations for your child's care.

DIAGNOSIS(ES): Please share information that would help us care for your child. If you would like to educate our staff further, please feel welcome also to bring in articles or documents that would be helpful for us to understand.

SPECIAL EQUIPMENT/MEDICAL SUPPLIES:

SENSORY NEEDS:

DIETARY AND FEEDING NEEDS: Please bring the snack you would like your child to have during the morning. Make us aware if there are specific actions that must not happen, such as if a child must not have food or liquid by mouth.

DIAPER/TOILETING NEEDS: Please bring a couple diapers in each morning.

CALL PARENTS/GUARDIANS if the following symptoms are present:

CURRENT MEDICATIONS: Peace Place will not administer medications. This information is for emergency responders.

Suggested Special Training for Staff

NON-INGESTIBLE OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT

Child's Name _____ Date of Birth ____/____/____
Program Name _____ Today's Date ____/____/____

I give permission for the administration of following non-ingestible over the counter medications (mark all that apply):

- Diaper Rash Cream/Ointments
- Insect Repellent
- Sunscreen
- Cortisone/Anti-Itch Creams/Ointments
- Medicated Lip Treatments
- OTC Antibiotic Creams/Ointments
- Burn Creams/Sprays
- Other Non-Ingestible OTC's: (Please Specify) _____
- _____
- _____
- _____

To administer a non-ingestible over the counter (OTC) medication:

- The OTC medication must be brought to the day care facility from the parent;
- The OTC medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container.

Special handling/storage Instructions _____ Refrigeration Y/N

Parent/Guardian Signature (required) _____

* **This document must be updated on an annual basis.**

Unused Medication: Returned to Parent Y/N	or	Discarded Appropriately	(circle one)
By: _____		Date ____/____/____	

*Keep in the child's file when medication is finished.



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

INFANT FEEDING SCHEDULE

Infant/Child's Name: _____ Date of Birth: _____

Parent's Name: _____

An individual form must be completed for all infants, ages 0 to 24 months.

Note the type of breast milk, infant formula, milk, and other foods that the infant normally uses and the average daily amount they consume. **This needs to be updated any time food is added to an infant's diet.**

	Type	Average Daily Amount
Breast Milk:		
Infant Formula:		
Milk:		
Other Foods:		

List the approximate times that the infant eats, what the infant normally eats at each designated time, and the approximate amount (i.e. ounces):

Time:	Breast Milk, Infant Formula, Milk, and Other Foods

List any special considerations, (i.e. food allergies):

Parent Signature

Date

Provider Signature

Date

State of Montana
Department of Public Health and Human Services
Quality Assurance Division – Licensure Bureau
Child Care Licensing

EMERGENCY CONTACT AND PARENTAL CONSENT

THIS FORM MUST BE TAKEN WITH THE CHILD WHEN EMERGENCY MEDICAL CARE IS NEEDED.

Child's Name: _____ Birth Date: _____

Address: _____

Mother / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Father / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Emergency Contact Person: _____ Contact Number: _____

Emergency Contact Person: _____ Contact Number: _____

Physician / Medical Care Source: _____ Contact Number: _____

Health Insurance Carrier & Policy Number: _____

Persons authorized to pick up child:

Name: _____ Name: _____

Name: _____ Name: _____

WRITTEN CONSENT IS GIVEN FOR:

- Yes No EMERGENCY MEDICAL CARE
- ADMINISTRATION OF PRESCRIPTION MEDICATIONS **Medication Authorization form and Medication Administration Log Must be completed**
- ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS **OTC Medication Authorization Form and Medication Administration Log must be completed**
- ADMINISTRATION OF SPECIAL DENTAL OR DIETARY NEEDS:
Please Specify:

- TRIPS: Yes No TRANSPORTATION BY THE FACILITY FOR TRIPS
- Yes No DAILY TRANSPORTATION PROVIDED BY THE FACILITY (Facility Has the Option to Offer)

IF YOUR CHILD IS TRANSPORTED BY THE FACILITY, ARE THERE ANY INSTRUCTIONS FOR SPECIAL CARE FOR THE CHILD (I.E. MOTION SICKNESS, SEIZURES, ETC.) DURING TRANSPORTATION?

HEALTH HISTORY

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Trouble with passing urine / bowel movement	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Frequent colds, sore throats, earaches, tonsillitis, pneumonia	<input type="checkbox"/>	<input type="checkbox"/>

- Allergies or reaction: (food or other) YES NO
- Please Explain:

- Other Health Concerns (special disabilities): YES NO
- Please Explain:

SIGNATURE OF PARENT OR GUARDIAN

DATE



Peace Place

1315 Central Ave., Great Falls, MT 59401

FAX – 406-205-2045

Phone Number: (406) 453-1411 x314

Authorization to Release/Request Confidential Information

I hereby authorize Peace Place to request the following information:

- Pediatric Health Statement (see attached)
- Immunization Schedule
- Additional Information as needed _____

I authorize this information to be disclosed by photocopy of my records, oral exchange, written summary, electronic media, direct observation, or any combination thereof.

Regarding _____ DOB _____

From the following individual, agency, or provider:

Name of Individual, Agency, or Provider: _____

Address: _____

City, State, Zip: _____

Phone Number with Area Code: _____

Fax Number with Area Code: _____

I request that the information received by Peace Place be kept confidential, used for professional reasons only, and not be released to another individual or organization unless authorized by me. This authorization becomes invalid after one year from the date below. I understand that I may revoke this authorization at any time with a written request.

Parent/Legal Guardian Signature

Date

Witness

Date

Sensory Equipment Waiver



RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of being permitted by FIRST PRESBYTERIAN CHURCH / PEACE PLACE, located at 1315 Central Avenue in Great Falls, Montana, to participate in its activities and to use its sensory room equipment and facilities, I hereby agree to **release, indemnify and discharge** FIRST PRESBYTERIAN CHURCH / PEACE PLACE, its agents, owners, shareholders, directors, partners, employees, volunteers, manufacturers, participants, lessors, affiliates, its subsidiaries, related and affiliated entities, successors and assigns (the "RELEASED PARTIES"), on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my child's participation in the activities and facilities provided in the facility at FIRST PRESBYTERIAN CHURCH / PEACE PLACE, including, without limitation, the playscape, swings, trampolines and trampoline activities, may result in physical or emotional injury, paralysis, death, or damage to my child, to property or to third parties. Playscapes, trampolines and swings entail certain risks and I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

Your child's use of the PEACE PLACE facility and equipment may result in physical injury that may require medical assistance. You agree to hold harmless and indemnify FIRST PRESBYTERIAN CHURCH / PEACE PLACE for any expenses incurred and all other amounts that may be owed to third parties as a result of your child's use of FIRST PRESBYTERIAN CHURCH / PEACE PLACE'S facility, playscape and swing and trampoline equipment.

2. **I expressly agree and promise to accept and assume all of the risks existing in this activity at FIRST PRESBYTERIAN CHURCH / PEACE PLACE. My child's participation in this activity is purely voluntary, and I elect to allow my child to participate in spite of the risks.**

3. **I hereby voluntarily release, forever discharge, and agree to defend, indemnify and hold harmless RELEASED PARTIES from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this activity or my child's use of FIRST PRESBYTERIAN CHURCH / PEACE PLACE equipment or facilities, including any such claims which allege negligent acts or omissions of RELEASED PARTIES.**

4. Should FIRST PRESBYTERIAN CHURCH / PEACE PLACE or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. This means that I agree to pay all of FIRST PRESBYTERIAN CHURCH / PEACE PLACE'S attorney's fees and costs myself.

5. I further certify that I am willing to assume any and all additional risk caused or associated with any medical or physical condition that my child may have, regardless of whether FIRST PRESBYTERIAN CHURCH / PEACE PLACE has any notice of such condition. I have adequate insurance to cover any injury or damage that my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself.

6. In the event that I file a lawsuit against FIRST PRESBYTERIAN CHURCH / PEACE PLACE, I agree to do so solely in the state of Montana and I further agree that the substantive law of Montana shall apply in that action without regard to the conflict of the law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

7. I agree that this Release of Liability and Assumption of Risk agreement (“RELEASE”) is made on behalf of my child, a minor participant in the programs at FIRST PRESBYTERIAN CHURCH / PEACE PLACE and that all of the releases, waivers and promises herein are binding on that minor participant. I represent that I have full authority as Parent or Legal Guardian of the minor participant to bind the minor participant to this agreement.

8. I further agree to defend, indemnify and hold harmless PEACE PLACE from any and all claims or suits for personal injury, property damage or otherwise which are brought by, or on behalf of the minor, and which are in any way connected with such use or participation by the minor, including injuries or damages caused by the negligence of RELEASED PARTIES.

By Signing this document you may be waiving your legal right to a jury trial to hold the RELEASED PARTIES legally responsible for any injuries or damages resulting from the risks inherent in the use of the facility and equipment at FIRST PRESBYTERIAN CHURCH / PEACE PLACE.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signed

Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name

Witness Signature

Witness Printed Name

Date

Name of Minor Participant at First Presbyterian Church / Peace Place Covered by this Agreement