



Lake Bluff Park District Drop & Shop at Kidzone

This child care is for those parents leaving the Park District grounds.
Revised 4/4/16

Hours available:

Monday-Friday 8:00 am-3:00 pm
Saturday 8:00 am-12:00 noon

To participate, purchase a Drop & Shop at Kidzone Punch Pass at the park district office.

Rules:

1. Our service is on a first come, first serve basis. You may check availability before you come by calling **(847)457-7353**. We have a 15 child maximum with no more than 4 children between the ages of 6-16 months at one time.
2. Drop & Shop at Kidzone allows parents to drop off their child in our Kidzone room in the Early Childhood Wing and leave the building to shop or run errands.
3. Please sign your child in at the Kidzone room sign-in book and note the time you expect to be back for your child. Because you will be leaving the building, write down your cell number so you may be contacted if necessary. Please be prompt about returning so we don't have to turn away children wanting a later time slot.
4. Please exercise good judgment if there are any questions about the state of your child's health. **A child should be free of the following symptoms 24 hours prior** to visiting the child care room: fever, diarrhea, a rash, bad cold or eye infection, runny nose, yellow or green nasal discharge, or persistent cough.
5. If your child should develop a communicable disease, please let us know so that other parents can be informed as soon as possible. We ask that you do not bring your child with a bad cold or fever, as it only endangers the health of other children.
6. No medication will be administered to a child by staff. No medication will be allowed to accompany a child, with the exception of severe allergies. If your child has a severe food allergy please let the staff know so we can adjust our "Food Restriction" warning sheet.
7. Please have your child wash their hands before playing in the Kidzone room.

8. Please do not bring any foods containing nuts into the Kidzone room. You may bring a snack and water bottle for your child.
9. Please bring your child in clean, just changed diapers. Soiled diapers will be changed, however, a parent is asked to bring diapers, wipes and a change of clothes.
10. If your child has been recently toilet trained, you must put him/her in pull-up training pants to use the child care service. Accidents are frequent with children who have been newly trained and cleaning up training pants is easier than having to change a whole outfit.
11. Parents should read and understand the attached “Appropriate Behavior” guidelines prior to using the service.
12. A child cannot be released to a different individual without expressed consent.
13. The child care staff will make every attempt to keep your child happy and safe during their visit. However, there are times when a child cannot be calmed or consoled, so after 20 minutes of consistent crying, parents will be asked to return to the Kidzone room to calm or pick up their child.

**Lake Bluff Park District
Child Care Service
Appropriate Behavior**

Dear Parent or Guardian,

In order to ensure a pleasant environment which protects your child and other children using our service, we have to adopt the following policy concerning consistent disruptive behavior.

1. The Parent/Guardian will be informed of the specific behavior.*
2. If the behavior problem continues, your child will be asked to remain home for one week.
3. If the behavior continues, you will be asked to discontinue using our service.

*Disruptive behavior is any behavior that causes or could lead to personal injury of your child or others. Example: hitting, kicking, biting, throwing things, defying or running away or any behavior that disrupts the normal babysitting climate.

Disruptive behavior could also be a child that is reluctant to be left by a parent and cries for long periods of time. In this case, the staff may feel that this child is not ready for our service.

Disruptive behavior in the broad sense is any behavior that takes one of the adults in the room away from the rest of the group for long periods of time. The other adult must now care for all of the other children. This is not a good situation for the children and is one we wish to avoid in our programs.

I have read and am aware of Lake Bluff Park District's Child Care Appropriate Behavior Policy.

Signature of Parent or Guardian

Date

Emergency Information

Child's Name: _____ Birth Date: _____

Address: _____

Parent to call First:

Name: _____ Cell: _____ Home or Work: _____

Parent to call Second:

Name: _____ Cell: _____ Home or Work: _____

If parent cannot be reached, who do we call?

1. Name & Relationship: _____

Cell: _____ Home or Work: _____

2. Name & Relationship: _____

Cell: _____ Home or Work: _____

Health Information

List Allergies: _____

(If any, fill out **Allergy Action Care Plan** on back.)

Any special healthy needs:

Persons Authorized to Pick up Child

Note: **Written Permission** from parents must be given to teacher prior to another person NOT ON THE LIST taking child that day. Be prepared to show photo ID.

Name & Relationship: _____

Cell: _____ Home or Work: _____

Name & Relationship: _____

Cell: _____ Home or Work: _____

Parent Signature: _____ Date: _____

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _____








THEREFORE:

[] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/swallowing	 MOUTH Significant swelling of the tongue and/or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

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1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____

DATE _____

PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____

DATE _____