

Community Connections Summer Day Camp Welcome Letter

May 19, 2021

Dear Parent/Guardian,

We are very excited to officially welcome your family to Community Connections: Summer Day Camp! Our Summer staff have been working diligently to create a program that we are sure your child(ren) will love. This year, [insert staff members names] will be overseeing the program. The following information is provided to ensure that the program runs as efficiently and safely as possible for all participants and staff. Please read each section carefully.

Sunscreen and Bug Spray Application Authorization

All participants are required to have the sunscreen and bug spray application authorization signed by a parent/guardian. We will be providing sunscreen and bug spray. If your child requires a specific brand it will need to be provided by home as outlined in the application authorization form.

Medication Consent Form

The only pertains to participants who required Community Connections staff to administer medication. Medication must be in the original container and clearly labeled with the child's name, date, name of drug and instructions for storage and administration of the drug. Non-prescription medicine (for example Tylenol, cough medicine) will only be administered when written authorization from the parent using the Medication Consent Form. Parents must first administer medication for the first time at home. Staff will not be permitted to administer medication to a child that has not first been administered by a parent. This ensures that any potential side effects have been identified by a parent. If there is any uncertainty surrounding the medication (i.e., dosage, effects, etc.) a physician's note may be requested or required. Big Brothers Big Sisters of Yorkton and area will ensure that all medication is stored in a locked room.

Location

St. Andrews United Church (29 Smith St E). [Insert what door families are supposed to use to enter the church].

Sign-in & Sign-out

Please take the time on your child(ren)'s first day to introduce yourself to our staff and acquaint yourself with our sign-in and sign-out procedures. This is also a great time to let the staff know of any particulars to your child(ren)'s schedule (ie. dates your child will not be in attendance, or your regular drop off/pick up schedule).

Contact Information

Community Connections staff will be equipped with a cell phone for all communications regarding the programming. The phone number is (306) 621 - 3470. Please call this number at any time between



7:45pm - 5:30pm if you need to get a hold of us. In case of emergency, call the Executive Director, Irma Van De-Bon Nicol, at (306) 782-3471 or for after hours, call (306) 740-7930. Registration will be completed at our office.

Items Required

There are some items that we require each participant to bring from home and that we ask to be left at the camp for the duration of the Summer. Please label these items with your child(ren)'s name(s):

- Reusable water bottle
- Hat
- Change of clothes
- Indoor shoes
- *Swimsuit/Towel, only required for certain days which will be indicated on the calendar.*

Participants who bring any personal items, toys, or electronics to the program will be asked to keep them in their bag/backpack or with a staff member for the duration of the program day.

Allergies

Our program will be peanut free - please do not include any peanut/nut products in your child(ren)'s lunch. If your child has any allergies, please indicate them below:

Typical Daily Schedule

- 8:30am - 9:00am: Arrival
- 9:00am - 9:30am: Group Games
- 9:30am - 10:15am: Daily Activity
- 10:15am - 10:30am: Snack
- 10:30am - 12:00pm: Sport activity/Exercise
- 12:00pm - 1:00pm: Lunch
- 1:00pm - 2:00pm: Life Skills
- 2:00pm - 2:45pm: Theme activity
- 2:45pm - 3:00pm: Snack
- 3:00pm - 4:00pm: Sport activity/Exercise
- 4:00pm - 5:00pm: Group games
- 5:00pm: Departure

Car/Booster Seats

Current COVID-19 guidelines will not allow us to travel. If guidelines change in the future, all children recommended by SGI to use a booster seat will be required to bring one when an outing requires travel in our company vehicle. You can check these guidelines at <https://www.sgi.sk.ca/carseats>.



Additional Fees

Some of our outings and special events will require a minimal fee in order for participants to attend. Parents/guardians can expect between \$5 to \$10 per outing with total fees possibly adding up to \$45 per month. These fees will be required to be paid in advance of the outing day. If a participant's fees are not paid in advance, the participant will not attend the travel outing. If funding is an issue, let us know and an alternative arrangement can be made. Weekly pricing is outlined in the fee schedule attached to this email.

Please do not hesitate to contact us if you have any questions or concerns at any time. Once again, we would like to welcome your family to our program! We are very much looking forward to getting to know your child(ren) and having a Summer full of laughing, learning, and growing.

Sincerely,

The Big Brothers Big Sisters of Yorkton and Area Team



Community Connections Summer Day Camp Registration Form

Participant Name: _____ Gender: _____ Age: _____

Birth Date: ____ (mm)/ ____ (dd)/ ____ (yyyy) Ethnicity: _____ *for statistical purposes only

Hospitalization # _____

Important Medical Information to disclose: Special needs, allergies, asthma, diabetes etc.:

Does anything prevent your child from fully participating in the program? ____ Yes ____ No

Explain: _____

Parent/Guardian(s): _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone # Home: _____ Work: _____ Cell: _____ Text (Y / N)

Email Address: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Expectations:

Participants will be expected to participate in the program according to the guidelines and expectations agreed upon by the participants and Community Connections: Summer Day Camp. In the event that a participant chooses not to abide by the guidelines and expectations, they may be asked to leave the program. The parents are responsible to pack a bagged lunch for the lunch hour break. Two snacks a day will be provided by the staff. Program will be held at St. Andrews United Church (29 Smith St E.) from 8:30am – 5pm, Monday to Friday.

Parent/Guardian Signature: _____ Date: _____

Dates and CostThe program will run from 8:30am – 5:00pm from July 5th to August 27th. Check you preferred payment options:

- 1. July 5th to July 30th – \$300.00
- 2. August 3rd to August 26th – \$300.00
- 3. Weekly rate - \$80.00: Specify which week(s) your child will be attendance:

Total Cost: _____ Receipt #: _____



Drop off and Pick Up Policy

Please notify the staff if an unauthorized person will be picking up your child. Verbal or written permission must be received before we will release a child to anyone who is not authorized on the registration form. We will not allow your child to leave with an unauthorized person without previous permission. This is for the safety and protection of your child.

A parent or guardian must authorize up to 3 individuals to pick up their child from the program. Authorized individuals will be required to present valid identification to pick up any child from the program.

I authorize the following individuals to pick up my child from the program:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

If an authorized individual without valid identification or an unauthorized individual comes to pick up my child from the program, I can be contacted at this number: _____

Please initial the point below:

- All parents and guardians must make sure that staff personnel recognize that the child has been dropped off or is being picked up from the program by signing in and out.
- Drop off starts no earlier than 8:30am
- All children must be picked up before 5:00pm. If we have not been notified about a late pick up we will start calling your contacts to arrange pickup by 5:10pm.

Parent/Guardian Signature: _____ Date: _____

Permission to Walk Home Alone

Should you, as parents/guardians, feel your child is mature enough to cope with this responsibility would you please complete this section giving permission for your child to do so. **If you do NOT want your child walking home alone, do not fill out this section.** No child will be allowed to walk home without prior consent from a parent or guardian.

Please initial the points below:

- I give permission for my child to walk home (or to another specified destination) on their own after the Community Connections: Summer Day Camp
- I have explained to my child the safety aspects of walking home on their own.
- I understand that my child is under the responsibility of myself and not the program

Specified location if other than home: _____

I give permission for my child _____ in Community Connections: Summer Day Camp to walk home alone at the end of the program.

Parent/Guardian Signature: _____ Date: _____



Medication Policy

Purpose

The purpose of this policy is to ensure that all relevant information regarding the medication and its administration is correctly followed and recorded, including the return of medication to the child's parent/guardian.

Scope

The policy applies to Big Brothers Big Sisters of Yorkton and Area.

Medication

Medication must be in the original container and clearly labeled with the child's name, date, name of drug and instructions for storage and administration of the drug.

Non-prescription medicine (for example Tylenol, cough medicine) will only be administered when written authorization from the parent using the Medication Consent Form.

Parents must first administer medication for the first time at home. Staff will not be permitted to administer medication to a child prior to having been administered by a parent first. This ensures that any potential side effects have been identified by a parent.

If there is any uncertainty surrounding the medication (i.e., Dosage, effects, etc.) a physician's note may be requested or required.

Big Brothers Big Sisters of Yorkton and Area will ensure that all medication is stored in a locked room.

Procedure for Administering Medication for Staff

Medication may only be administered by Big Brothers Big Sisters of Yorkton and Area staff.

1. Take the appropriate medication from the locked room or refrigerator.
2. Check the date on the medication order and verify for accuracy:
 - a. Child's name
 - b. Name of drug
 - c. Time for administration
 - d. Method of administration
3. Compare the label of the medication container against medication records signed by the parent/guardian.
4. Prepare the correct amount of medication for the required dose without contaminating the medication. If administering a liquid medication, remove the cap and place it upside down on the countertop. Hold the bottle with the label next to your palm so that if any spills, the label will not become soiled, and illegible.
5. Check the label again before administering and close the medication container and return the bottle or box into storage.
6. Give medication within 30 minutes of the time ordered.



7. Record the medication given on the Medication Tracking Form: date, name of medication, dosage, and time. Print name and sign off.

Do not use the following:

- Medication from an unmarked container or a container with an illegible label.
- Medication with an outdated expiry date
- Medication that is cloudy or has changed colour. Never leave medication unattended

If a dose of medication is unintentionally omitted, record the omission and the reason.

If an error in administration occurs, contact the appropriate medical expert, the child's parents and report the incident to your centre supervisor. The incident is then documented on the medication form.

Medication Consent Form

The parent/guardian of a child must complete the Medication Consent Form for each medication.

Asthma Medication

A school age child is permitted to carry asthma medication to be self-administered when permission is given in writing by a parent/guardian, using the Medication Consent Form.

Unused Medication

Unused medication is returned to the child's parent/guardian in the original container. The parent/guardian and Big Brothers Big Sisters of Yorkton and Area staff sign the Medication Consent Form, acknowledging the receipt of the medication.

Filing of Forms

The Medication Consent Form and the Medication Tracking Form are put in the child's file when the medication is returned to the parent/guardian.



Medication Consent Form

***This consent form must be completed when any medication is to be administered to your child. ***

I, _____ give permission for Big Brothers Big Sisters of Yorkton and Area staff
(parents name)

to give my child _____ medication _____.
(child's name) (name of medication)

This medication was purchased on _____.
(date)

The times and dosages are as follows:

The medication is to be administered from: _____ to _____
(start date) (end date)

List any known side effects any other special instructions:

Instructions for storage: Refrigerated Non-refrigerated

Medication and Medication Form received by: _____
(Big Brothers Big Sisters Staff Signature)

(Date)

(Parent Signature)

Asthma medication can be carried by my child: Yes No _____
(Parent Signature)

Medication returned to parent/guardian on: _____
(Date)

(Big Brothers Big Sisters Staff Signature)

(Parent Signature)



Medication Tracking Form

Child's Name: _____

Date (mm/dd/yy)	Name of Medication	Dosage Given	Time Given	Staff name and Signature

When medication has been returned to the parent/guardian, this form is to be added to the child's file



Sunscreen & Bug Spray Application Authorization

Child(ren)'s Name(s): _____

SUNSCREEN POLICY: Community Connections Summer Day Camp provides sunscreen and bug spray for all participants. Parents/Guardians are encouraged to provide their own if they would like. All sunscreen and bug spray bottles will remain in our staff's care and are stored on-site. Additionally, parents/guardians are responsible to provide a hat for their child. *Prior to Community Connections Summer Day Camp, please teach your child how to apply sunscreen and bug spray correctly and talk with your child about the importance of applying sunscreen and wearing a hat.*

PLEASE READ THE HEADERS BELOW AND CHECK THE BOXES THAT PERTAIN TO YOU, if more than one box applies, check all that apply and fill out any additional information.

AGENCY PROVIDED SUNSCREEN/BUG SPRAY:

I give permission for Community Connections Summer Day Camp staff to use agency provided:

Sunscreen

Bug spray

HOME PROVIDED SUNSCREEN/BUG SPRAY:

Staff may use the sunscreen and/or bug spray that I am providing with this form:

Sunscreen Brand: _____ SPF: _____

Bug spray Brand: _____

In the event that my provided sunscreen and/or bug spray is not available, I give permission to use the sunscreen and/or bug spray provided by the agency.

*If provided sunscreen and/or bug spray from home it must be labelled with the child's name. Complete this Sunscreen/Bug spray Application Form and tape or rubber band the form to the bottle. *

Application Details:

I understand that sunscreen and/or bug spray may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

Please DO NOT apply sunscreen to the following areas of my child's body:

Please DO NOT apply bug spray to the following areas of my child's body:



Do Not Apply:

- Please do not apply any sunscreen to my child. As the parent/guardian, I recognize that sunburns pose a risk of skin damage and skin cancer. I understand that my child will be taken outside on a daily basis (weather permitting).

- Please do not apply any bug spray to my child. As the parent/guardian, I recognize that there are potential illnesses that can arise out of bug bites. I understand that my child will be outside on a regular/daily basis and may be exposed to outside insects.

Parent/Guardian Signature: _____ Date: _____



Sunscreen and Bug Spray Procedure

Sunscreen and insect repellent must be:

1. Safe for the age of the particular child
2. In the original container
3. Within the expiration date noted on the product

Prior to use at the Community Connections Summer Day Camp, sunscreen and bug spray should be applied to the child at least once at home to test for any allergic reaction. A Sunscreen and Bug Spray Application Authorization form must be signed by the parent/guardian before either is used. This permission slip must be updated annually.

Sunscreen:

- Sunscreen must provide UVB and UVA protection with an SPF of 15 or higher. Sunscreen may be provided by a parent/guardian (labelled with child's full name) or made available by the agency.
- School-aged children may apply sunscreen to themselves with adult supervision to ensure proper application and coverage.
- Sunscreen should be applied only to exposed areas of skin, and 20 to 30 minutes before going outdoors to be absorbed into the skin and to increase its effectiveness. Sunscreen should be reapplied every two hours while outdoors, or more often if the child is involved in water play or perspiring. Brimmed hats, long sleeved shirts and pants in light colours provide additional sun protection. Reflective areas (such as water and sandboxes) for prolonged periods of time should be avoided.

Bug Spray:

- Bug spray should be used only when recommended by public health authorities or at the request of the parent/guardian.
- The bug spray should contain a concentration of 30% deet or less. Bug spray not containing deet may only be used if safe for the age of the particular child.
- Bug spray should be applied to a child's skin only once a day but may be sprayed on clothes for later trips outside. School-aged children may apply bug spray to themselves with adult supervision for proper application. Sprayed clothing is returned home at day's end to be laundered. Exposed skin should be washed off with soap and water after a child returns indoors.



Application Do's and Don'ts

When applying sunscreen or insect repellent do:

- Wash and dry your hands. Hands are washed again as you move to the next child's application and upon completion of application of the last child. Gloves may be worn, and the same ones used from child to child if the same lotion is used.
- Staff must wear gloves if either the staff or the child has broken skin, a sore/rash or other skin condition. Gloves must be changed when moving from child to child if a skin condition is involved.
- Put the lotion on our hands, then rub on the child's face and other sensitive areas, using caution near the eyes. Pay special attention to ears, scalp, and neck.



Informed Consent (Site Based group program) – Parent

I hereby give permission to Big Brothers Big Sisters of Yorkton and Area to make available their service to my child. It is my understanding that the intention of the Agency is to offer my child an opportunity to participate in a group program lead by a reasonable adults, (minimum 18 years old, however, where appropriate supervision takes place, the volunteer may be younger), I understand that all efforts will be made to select a responsible Mentor who will facilitate the group program.

In consideration for this service and other valuable consideration provided to my child by Big Brothers Big Sisters of Yorkton and Area, I release the agency for all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child. I permit the agency to release any relevant information, including my personal information, to Big Brothers Big Sisters of Canada and their insurers, as may be appropriate in connection with any legal proceeding, inquiry, or risk thereof.

I understand that the collection of personal information about me or my child will be held in strict confidence and is to be used solely for the purposes of administering the program. I further agree that information about my child may be shared, at the discretion of Big Brothers Big Sisters of Yorkton and Area, with the group facilitator so that my child's needs may be best met.

I understand that this application is the property of Big Brothers Big Sisters of Yorkton and Area. I also agree that my child will participate in the Pre-match Training Program administered by Big Brothers Big Sisters of Yorkton and Area.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I, _____, the parent/guardian of _____ hereby request Big Brothers Big Sisters of Yorkton and Area service for my child. I give my child permission to participate in one or more group programs offered by Big Brothers Big Sisters of Yorkton and Area. I am aware of and understand the risks, dangers and hazards associated with the above service and agree such service is suitable for my child.

Signed at _____ this _____ day of _____, 20_____.

X

Parent/Guardian



Media Consent Form – Child/Youth

Re: _____
Name of Child/Youth

Big Brothers Big Sisters of Yorkton and Area
Name of Agency at which the child/youth is enrolled

I hereby consent to Big Brothers Big Sisters of Canada (National Office) and its associated member Big Brothers Big Sisters of Big Brothers Big Sisters of Yorkton and Area the use of any photographs, audio and/or video recordings of my child or youth as taken or produced by media personnel and/or National Office or Local Agency staff at recreational events or match outings, or otherwise authorized by the National President & CEO, local agency President/Executive purposes of promotional material including brochures, posters, newsletter, media information, advertisements, audiovisual productions and digital media, (such as the local agency websites and social media). Photographs or video productions may also be shared with community and school partners for program promotion.

Signature of Parent/Guardian

Date

OR

Check here if you **DO NOT** want your picture of your child's picture used or if you have a safety concern and sign **BELOW**.

Signature of Parent/Guardian

Date

Note: It is the parent/guardian's responsibility to notify the office if the status of this consent changes.





ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT

By signing this Assumption of Risk, Release and Indemnity Agreement, you (on behalf of your child (the “Participant”)) are waiving important legal rights, including the right to sue. Please read carefully. This agreement must be completed in full before your child (the Participant) can take part in any in-person programs and activities that are authorized by Big Brothers Big Sisters of Yorkton and Area.

Big Brothers Big Sisters of Yorkton and Area is preparing to resume Summer activities and programs as in accordance with health and safety guidelines from the applicable government and public health authorities. Notwithstanding the Agency’s efforts to reduce risks in connection with the programs, the Participant or the parent/guardian named below, as applicable (the applicable person referred to as the “Undersigned”) recognizes that Summer activities/programs could expose the Participant to certain risks, including but not limited to the risk of contracting COVID-19, which may result in serious illness or death. Summer programs/activities refers to any program or activity where children are in the care of Big Brothers Big Sisters of Yorkton and Area staff.

Therefore, in consideration of the Participant participating in any further programs/activities (the receipt and sufficiency of which are hereby acknowledged by the Undersigned), the Undersigned hereby:

1. Freely **ASSUMES ALL RISK** in respect of the Participant’s participation in Summer activities/programs;
2. **RELEASES AND FOREVER DISCHARGES** the Agency and all of its predecessor, subsidiary, parent, related, affiliated and successor companies, including but not limited to Big Brothers Big Sisters of Canada (collectively, the “Organizations”) and all of their respective present and former officers, directors, employees, volunteers (including Mentors), representatives and agents of the Companies (collectively, the “Released Individuals”) (the Organizations and the Released Individuals are collectively referred to as the “Released Parties”) from any and all responsibility, liability, cause of action or claim of any kind whatsoever in respect of the Participant’s participation in the Summer programs/activities due to any cause whatsoever including negligence or breach of any other duty of care on the part of the Agency or the Participant’s Mentor and including the failure of the Agency or the Participant’s Mentor to safeguard or protect the Participant from the risks, dangers and hazards associated with the Meetings;



3. **INDEMNIFIES** all of the Released Parties from and against any and all liability incurred by any or all of them as a result of, or in any way connected with the Summer programs/activities; and
4. Agrees that the provisions of this agreement shall ensure to the benefit of the respective successors and assigns of the Agency and shall be binding upon the Undersigned's heirs, next of kin, executors, administrators and personal representatives.

I HAVE CAREFULLY READ THIS AGREEMENT IN ITS ENTIRETY AND UNDERSTAND ITS CONTENT. I AM AWARE THIS IS AN ASSUMPTION OF RISK, RELEASE AND INDEMNITY AND I SIGN IT VOLUNTARILY.

Name of Participant

Signature of Witness

Signature of Participant (or Parent/Guardian)
(to be signed by the Participant's parent or guardian if the Participant is a minor)

Date:

If I am signing on behalf a minor Participant, I represent that I have legal capacity and authorization to act on behalf of the Participant.

CONSENT

The information being collected by the Agency is being collected for the express purpose of operating Summer programs/activities and will be used and may be disclosed to staff and volunteers as required for such purpose.

Participant Name: _____

Parent or Guardian's Name: _____

Address _____

Telephone Number _____