

# SUMMER DAY CAMP 2023

**June 19, 2023- August 11, 2023**

Camp hours: 8:30am - 3:00pm

Early Drop-Off: 7:30am-8:30am (\$20/week)

Extended Day: 3:00pm-5:00pm (\$25/week)

**Registration begins Monday, March 13th**

REGISTRATION HOURS

MONDAY - FRIDAY 9AM-5PM

SATURDAYS 9AM-1:30PM



## Camp Overview:



- Weekly cost is determined using a sliding scale.
- There will be a late fee of \$15 for every 15 minutes late. **NO EXCEPTIONS!**
- If you have an outstanding balance you will **NOT** be able to register for Summer Camp sessions until the balance is paid.
- Breakfast and lunch are served at camp.
- Please bring snacks and water bottles, as they will not be provided.
- Spots will **NOT** be held or reserved for any session that is not paid for in full. This means if you have paid for sessions 1 and 2, but not 3-7, your child does not have space in sessions 3-7 until you make the payment.

**FOR MORE INFO CONTACT US AT (203) 336-4468**

## Behavior Policies:



### Three strike policy:

1. First offense: warning.
2. Second offense: second strike given and age-appropriate time-out.
3. Conduct referral write up and sent to camp director. Camp director will determine punishment based on behavior.

### Immediate conduct referrals:

1. Verbal fighting/inappropriate language
2. Disrespectful to staff
3. Third strike

### Immediate conduct referral with suspension:

1. Hitting/fighting: 1-3 day suspension
2. Vandalism or destruction of property: 1-2 day suspension
3. Stealing: 1-2 day suspension
4. Inappropriate touching/behavior: 1-2 day suspension

### Conduct referral Consequences:

1. Any camper receiving 2 or more conducts in one day = 1 day suspension.
2. 3 or more conduct referrals in a week = 2 day suspension.
3. Conducts may result in the loss of field trip

**\*\*If a child is suspended during a scheduled field trip, the child will not be allowed to participate in the field trip. No refunds for field trips are given.**



**After returning from suspension, if behavioral issues continue, camper will then be expelled with no refund.**



## Reimbursement Policies:

Please note that **no refunds** or **reimbursements** will be given for partial camp session attendance, the cancellation of a session, or the switching of a session. Missed camp days due to COVID-19 or other illness will be subject to review by the Executive Director and Camp Director.

If you need to cancel a previously registered session, the cancellation must be done by the **Wednesday** before the session begins.

If you wish to switch sessions, the switch must be done at the Registration Desk by the **Wednesday** before the start of the sessions. There will be a \$15.00 administration fee for switching from a previously registered session into a new session. Switching of a registration week can only be done if there is availability.

Cardinal Shehan Center  
1494 Main Street, Bridgeport, CT 06604  
(P) (203) 336-4468 (F) (203) 368-0901

Join us online to learn more about special events, After School & Saturday program, vacation & holiday programs, teen programs, fund raising, and more!



Facebook: Cardinal Shehan Center



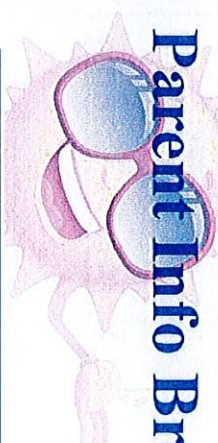
Instagram: @CardinalShehanCenter



# Norma F. Pfriem

## 2023 Summer Camp

### Parent Info Brochure



## CAMP SESSIONS:

Session 1: June 19 – June 23
Session 2: June 26 - June 30
Session 3: July 3 - July 7
Session 4: July 10 - July 14
Session 5: July 17 - July 21
Session 6: July 24 – July 28
Session 7: July 31 – August 4
Session 8: August 7 – August 11

**Camp Director: Ebony Jarrett**  
[ejarrett@shehancenter.org](mailto:ejarrett@shehancenter.org)

(203) 336-4468 x111

## What to bring to Camp:

### PLEASE LABEL EVERYTHING!

1. Cold lunch (if not eating camp lunch) with an ice pack in an insulated lunch box. Warm food may be brought pre-heated in a thermos.
2. Athletic clothing and closed-toe shoes
3. Waterplay Gear: Towel, bathing suit, goggles, plastic bag
4. Water bottle

## What NOT to bring to Camp:

1. Electronics (including game systems, tablets, music devices, cellphones, etc.)
2. Jewelry
3. Hats (unless for outside use)
4. Toys

**\*\***The Shehan Center is not liable for lost or stolen belongings. Please do not bring anything valuable to camp. The locker rooms are there for your needs. Please bring your own lock if you wish to lock your children's belongings. Locks must be removed from the lockers at the end of each camp day.\*\*

## Health & Wellness Policies:

1. If a child becomes sick during camp, an authorized pick-up person must come to pick them up within the hour.
2. DO NOT send your child to camp if they are feeling unwell (even without a fever).
3. Children may return to camp with a doctor's note stating that they were examined and can safely return.

**THERE ARE NO EXCEPTIONS TO THESE POLICIES.**



## Camp Overview:

- Camp hours: 8:30am - 3:00pm
- Early Drop-Off: 7:30am-8:30am (\$20/week)
- Extended Day: 3:00pm-5:00pm (\$25/week)
- There will be a late fee of \$15 for every 15 minutes late. **NO EXCEPTIONS!**
- If you have an outstanding balance you will **NOT** be able to register for Summer Camp sessions until the balance is paid.
- Breakfast and lunch are served at camp.
- Please bring snacks and water bottles, as they will not be provided.
- Spots will **NOT** be held or reserved for any session that is not paid for in full. This means if you have paid for sessions 1 and 2, but not 3-7, your child does not have space in sessions 3-7 until you make the payment.

## Medication Policies:

1. All medication must be in the original container, with label from the pharmacy. For prescriptions and Epi-pens, parents and Licensed Prescribers (i.e. child's doctor) must fill out a written order form.
2. Children may NOT bring non-prescription medications to camp! (lotions, over the counter, etc.)
3. A camper will not be able to start camp until all paper work and medication in the original container is given to the Center and Camp Nurse.

**For more information on state regulations and rules please check the State of Connecticut website!**

## Field Trips:

- All field trips must be registered, paid for, and permission slips signed at the time of camp registration. **NO EXCEPTIONS!**
- Buses will leave at the schedule time. If campers are not present at the time of departure, they will miss the field trip. **NO REFUNDS** are given for missed trips.
- **NO REFUNDS ARE GIVEN FOR FIELD TRIPS.**
- All of the tickets are bought ahead of time and buses are preordered and paid for in advance.
- Parents may NOT pick up their child from a field trip without prior verbal and written consent by the Camp Directors.
- All campers will receive a Shehan Center camp t-shirt.
- All campers must wear their camp shirt on all field trips.

## Camper Drop Off and

### Pick-Up Policies:

#### Drop Off:

1. Anyone dropping off a child must wait until child is signed in and approved to enter camp.
2. No one younger than 18 may drop off or pick up a child. **Please understand this is for your child's protection.**

#### Pick Up:

1. Campers may only leave with the authorized individuals written on the original application form. If changes must be made to the list, they must be done in person.
2. ALL authorized individuals **MUST HAVE PROPER PHOTO IDENTIFICATION EACH TIME THEY PICK UP THE CHILD. THERE ARE NO EXCEPTIONS TO THIS POLICY.**

3. No campers may walk home.

4. If you, or anyone on your authorized pick up list is not available to pick up your child, we will need a written letter by the guardian stating who will be picking up your child with the guardian's signature. This may be faxed or emailed over. The child will not be allowed to leave the building with anyone not on the pickup list, without the Director being properly notified prior to dismissal. In addition to fax or letter, a phone call must be made to confirm/change.

#### Late Fees:

Camp ends at 3pm for normal day schedule and 5pm for extended day campers. Campers who are **not** picked up by those times will be charged a **late fee of \$15.00 per 15 minute time frame**. Calling in to notify of late pickup is required, but will not result in cancellation of late fees. **If you have unpaid balances due to late fees, you will not be allowed to register for any other sessions.**

**REMINDER:** All campers must be completely potty-trained and able to dress/undress him/herself. Staff are NOT allowed to assist children in dressing/undressing themselves. **NO EXCEPTIONS.**

# Summer Day Camp Registration Checklist

Please utilize the following checklist to ensure you have all the required documents. We **CANNOT** and will not accept or hold on to partial or incomplete registration packets!

- 2022 Federal Income Tax Return (No W2 or Paystub)  
\*We do not keep or make copies
- Completed and signed registration card
- SDC Policies & Procedures sheet – you **MUST** read and sign this
- Health Assessment Record completed and signed by parent/guardian
- Medical Evaluation completed and signed by a doctor
- Immunization records signed by doctor or Immunization Waiver
- Campers needing medication: Medical Authorization form signed by parent and doctor OR Medical Liability Release Form
- Full payment for the camp session you wish to enroll your child/children in

\*Care4Kids applicants: we need the Child Care Certificate before you can register. We will not hold your spot without it. You can pay out of pocket to reserve your child's spot until you receive your certificate.

**\*All required forms are in the packet.**



1494 Main Street  
Bridgeport, CT 06604

Phone (203) 336-4468  
Fax: (203) 368-0901

# NORMA F PFRIEM 2023 SUMMER DAY CAMP REGISTRATION CARD

**Please fill out the following form completely.  
Please read the back of this form for important details about our policies and procedures.**

Camper's Name \_\_\_\_\_  Boy  Girl Grade Entering in Fall 2023 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of 07-01-2023 \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Race (for funding purposes only):  Caucasian  African American  Hispanic  Asian  Other \_\_\_\_\_

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mother \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Adults 18+ Authorized to Pick-up Child:** No one else will be permitted to pick-up child unless cleared by Director. Must show ID at pick-up. PLEASE PROVIDE FULL NAMES AS STATED ON ID.

Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

Anyone NOT allowed to pick-up child: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION (REQUIRED FOR ALL PERSONS UNDER AGE 18)**

The health history presented for the camper named on this registration packet is correct, and I give him/her permission to participate in all camp activities, except noted by examining physician. I agree to all terms and conditions presented on this registration card and all other Cardinal Shehan Center informational paperwork. The Cardinal Shehan Center and all outside affiliates are granted the right to use any and all pictures and videos taken of camp activities in their publication of promotional materials. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and order injection and/or anesthesia for surgery for the person.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Space is limited and registration is subject to availability!**

<u>Summer Day Camp Sessions:</u>
Session 1: June 19 – June 23
Session 2: June 26 - June 30
Session 3: July 3 - July 7
Session 4: July 10 - July 14
Session 5: July 17 - July 21
Session 6: July 24 – July 28
Session 7: July 31 – August 4
Session 8: August 7 – August 11

Annual Family Income	1st Child	2nd Child	3rd Child	4th Child
Less than \$10,000	\$90	\$85	\$80	\$75
\$10,001-\$20,000	\$100	\$95	\$90	\$85
\$20,001-\$30,000	\$110	\$105	\$100	\$95
\$30,001-\$40,000	\$120	\$115	\$110	\$105
\$40,001-\$50,000	\$130	\$125	\$120	\$115
\$50,001-\$60,000	\$140	\$135	\$130	\$125
Over \$60,000	\$150	\$145	\$140	\$135

\*Table displays price with a \$5 discount per child.



# 2023 SUMMER DAY CAMP POLICIES & PROCEDURES

## Camp Activities

The Cardinal Shehan Center Summer Day Camp Program offers qualified staff who are committed to enriching children academically and athletically in a safe, positive, comfortable, and emotionally supportive environment. Campers have opportunities to use indoor and outdoor enrichment activities to their maximum:

Art/Arts & Crafts, Computer Center, Cooking, Dance, Fields/Courts, Game Room, Literacy, Math, Movie Room, Photography, Playground, Science, Sports/Fitness, Swimming, & more!

## You Need the Following to Register Your Child

1. A copy of your 2022 Federal Income Tax Return (Pay stubs and/or W-2 forms are **not** accepted)
2. Completed registration form
3. Full payment for the camp session you wish to put your child in and field trip for that corresponding week (no spots held or deposits taken)
4. Signed consent forms for camp
5. An up-to-date physical WITH immunization records for each child attending OR Immunization and Health Exam Waiver
6. Campers Needing Medicine: (inhaler, allergy pens, ect.) must have medical authorization form signed by doctor and handed in at time of registration. Must bring in all medicine on the medical authorization form in ORIGINAL PACKAGING-(with prescription, child's name, and direction on the package). NO EXCEPTIONS. This is a state requirement. If they do not wish to bring the medicine in, parent/guardian must sign a medical release form. **ALL CAMPERS MEDICINE MUST BE HANDED IN ON THE FIRST DAY OF CAMP OR BEFORE. CHILD MAY NOT ATTEND CAMP IF THEY ARE REQUIRED BY A DOCTOR TO HAVE MEDICINE AT CAMP AND DO NOT BRING THAT MEDICINE.**

**CHILDREN CAN NOT BE REGISTERED WITHOUT ALL OF THE ABOVE LISTED ITEMS! Payment for specific weeks does NOT guarantee you a spot for other weeks. Space is limited.**

## Extended Hours

The Shehan Center summer day camp offers extended hours to families who need to drop their children off either before 9am or pick up after 3pm. Early morning care is from 7:30am-8:30am at \$20 per week and Extended Day is from 3pm-5pm at \$25 per week. You **MUST** register for these programs at the time of your normal registration.

## PLEASE NOTE

No discounts or refunds will be given for partial session attendance, the cancellation of a session, or switching a session. **We DO NOT take payment deposits to hold a spot for your child.** If you are switching from one session to another, the switch must be completed at the registration desk the **Wednesday** before that session begins. **There will be a \$15.00 administration fee for switching from a previously registered session into a new session.**

## REMINDERS

Breakfast and Lunch are provided daily at the Cardinal Shehan Center Children.

All Campers **must** be completely potty-trained and able to dress him/herself in the bathroom/locker room.

Late fees will be charged for children dropped off early or picked up late.

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I hereby certify that I have read, fully understand and agree to the terms and provision contained on this application and camp brochure.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR CHOOSING THE CARDINAL SHEHAN CENTER SUMMER DAY CAMP FOR YOUR CHILD!  
WE LOOK FORWARD TO PROVIDING A GREAT SUMMER FOR OUR FAMILIES & CAMPERS!**



# State of Connecticut Department of Education Health Assessment Record



**To Parent or Guardian:**

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?    Y    N		
Does your child have dental insurance?    Y    N		

If your child does not have health insurance, call 1-877-CT-HUSKY

\* If applicable

### Part 1 — To be completed by parent/guardian.

**Please answer these health history questions about your child before the physical examination.**

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
<b>Family History</b>						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

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Is there anything you want to discuss with the school nurse? Y N If yes, explain:

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Please list any **medications** your child will need to take in school:

*All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**To be maintained in the student's Cumulative School Health Record**

## Part II — Medical Evaluation

HAR-3 REV. 4/2017

### Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

I have reviewed the health history information provided in Part I of this form

### Physical Exam

Note: \*Mandated Screening/Test to be completed by provider under Connecticut State Law

\*Height \_\_\_\_ in. / \_\_\_\_% \*Weight \_\_\_\_ lbs. / \_\_\_\_% BMI \_\_\_\_ / \_\_\_\_% Pulse \_\_\_\_ \*Blood Pressure \_\_\_\_ / \_\_\_\_

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

### Screenings

*Vision Screening	*Auditory Screening	History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type: <u>Right</u> <u>Left</u>	Type: <u>Right</u> <u>Left</u>		
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass	*HCT/HGB:	
Without glasses 20/ 20/	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	*Speech (school entry only)	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made	Other:	

TB: High-risk group?  No  Yes PPD date read: \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

### \*IMMUNIZATIONS

Up to Date or  Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

#### \*Chronic Disease Assessment:

**Asthma**  No  Yes:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Exercise induced  
 If yes, please provide a copy of the *Asthma Action Plan to School*

**Anaphylaxis**  No  Yes:  Food  Insects  Latex  Unknown source

**Allergies** If yes, please provide a copy of the *Emergency Allergy Plan to School*

History of Anaphylaxis  No  Yes Epi Pen required  No  Yes

**Diabetes**  No  Yes:  Type I  Type II **Other Chronic Disease:** \_\_\_\_\_

**Seizures**  No  Yes, type: \_\_\_\_\_

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.  
 Explain: \_\_\_\_\_

Daily Medications (specify): \_\_\_\_\_

This student may:  participate fully in the school program  
 participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may:  participate fully in athletic activities and competitive sports  
 participate in athletic activities and competitive sports with the following restriction/adaptation: \_\_\_\_\_

Yes  No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.  
 Is this the student's medical home?  Yes  No  I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
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# Immunization Record

**To the Health Care Provider: Please complete and initial below.**

Vaccine (Month/Day/Year) Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*					Required 7th-12th grade
IPV/OPV	*	*	*			
MMR	*	*				Required K-12th grade
Measles	*	*				Required K-12th grade
Mumps	*	*				Required K-12th grade
Rubella	*	*				Required K-12th grade
HIB	*					PK and K (Students under age 5)
Hep A	*	*				See below for specific grade requirement
Hep B	*	*	*			Required PK-12th grade
Varicella	*	*				Required K-12th grade
PCV	*					PK and K (Students under age 5)
Meningococcal	*					Required 7th-12th grade
HPV						
Flu	*					PK students 24-59 months old – given annually
Other						

Disease Hx \_\_\_\_\_  
of above \_\_\_\_\_ (Specify) \_\_\_\_\_ (Date) \_\_\_\_\_ (Confirmed by)  
Exemption: Religious \_\_\_\_\_ Medical: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Date: \_\_\_\_\_  
Renew Date: \_\_\_\_\_

Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.  
Medical exemptions that are temporary in nature must be renewed annually.

## Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

### KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*

### GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

### HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

\*\* **Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

**Note:** The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
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**Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel**

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

**Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug?  YES  NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_  None Expected

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Nurse Signature (if applicable) \_\_\_\_\_

**Parent/Guardian Authorization:**

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

Parent/Guardian authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

School nurse, if applicable, approval for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

**Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**

## Medication Administration Record (MAR)

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Pharmacy Name \_\_\_\_\_ Prescription Number \_\_\_\_\_

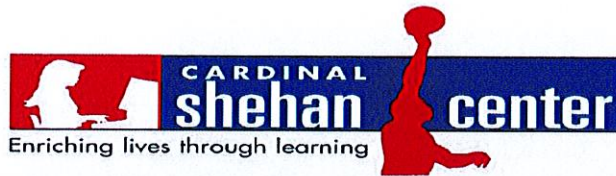
Medication Order \_\_\_\_\_

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Medication authorization form must be used as either a two-sided document or attached first and second page.

- |  |  |
|--|--|
| <input type="checkbox"/> Authorization form is complete      | <input type="checkbox"/> Medication is appropriately labeled |
| <input type="checkbox"/> Medication is in original container | <input type="checkbox"/> Date on label is current            |

Person Accepting Medication (print name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Summer Day Camp 2023  
Medical Liability Release Form

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I, , have chosen to not provide the Administration of Medication form that was offered and provided to me by the Cardinal \_\_\_\_\_  
Print Parent/Guardian Name Here Shehan Center in regards to my child: .

I understand that his or her physical form shows an allergy or medical condition \_\_\_\_\_  
Print Child's Name Here that may require the administration of medication. I am aware of the risks of not having the required medication and I understand that in an emergency, the Cardinal Shehan Center is not liable for the administration of medication. The Camp Directors will contact Emergency Medical Response if the child is having a medical issue related to child's medical history.

\_\_\_\_\_  
Pediatrician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date