

TOWN OF HOLLISTON

Parks & Recreation Department

1750 Washington Street Holliston, MA 01746

(508) 429-2149 Fax (508) 429- 0696

February 1 2018

Dear Parents,

Welcome to the Holliston Outdoors at Goodwill Park! We are planning a full schedule of fun and games, arts and crafts, fun time on our playground and special surprises. Whether you are returning, or coming for the first time, we are delighted you will be spending part of your summer with us! This letter will give you some helpful information about the Outdoors at Goodwill Park Program, and answer questions about our policies and procedures. Please be sure to read all the information carefully.

Drop Off/Pick Up- Goodwill Park

WALK-UP

- Parking is available on Washington Street and Exchange Street (lot behind the Fire Station) if you choose to walk your child to and/or from the program.

DROP-OFF

- Drop-Off begins at 8:25 for the 8:30 session and 8:55 for the 9:00 session. Early drop-off is not available.
- Enter Green Street, turn left into the playground driveway and you will be greeted by a staff member at the walkway who will escort your child to the program.

PICK-UP

- Pick-up begins at 12:30 or 1:00 depending on your program. Please be prompt!
- Enter Green Street, turn left into the playground driveway and your child will be brought to your vehicle.

Authorization for pick-up form

To insure your child's safety, we require a completed Release Form (included in this packet) for each participant. We may request to see identification. If your child is going to be picked up by one of the people listed on the release form, please send in a note with your child that day.

**THE ATTACHED PICK UP AUTHORIZATION FORM MUST BE COMPLETED AND
TURNED IN TO YOUR CHILD'S COUNSELOR ON THE FIRST DAY.**

Weather Days

- We make every effort to hold the Goodwill Park program everyday, and would only cancel in the event of an extreme weather situation.
- If you are uncertain about the status of the program, call the office at 429-2149.
- Generally on rainy days the children spend much of the time under cover in the garage and under the pavilion. If it's just sprinkling—they may also play outside in the rain. Please dress your child accordingly.

Medical Information

- Parents of children with special medical needs should contact the Parks & Recreation Office prior to the beginning of the program. Children who may require the use of Epi-Pens or inhalers must have a signed permission form on file. These forms are available at the end of this packet and in our office.
- Holliston Parks & Recreation Department staff is not permitted to administer medications of any kind to program participants.
- Parents who want their minor children to *self-administer* a prescription must sign a Release of Liability Waiver which is included at the bottom of this packet.

BOARD OF HEALTH REGULATIONS YEAR REQUIRE THAT EVERY PARTICIPANT HAVE A CURRENT HEALTH/IMMUNIZATION FORM ON FILE WITH THE PARKS & RECREATION DEPARTMENT.

Participants must have their forms in by June 1, 2018.

E-mail: hollistonparkrec@holliston.k12.ma.us or Fax: 508-429-0696 or Mail: 1750 Washington St.

Attire

- We recommend your child dress appropriately for an "outside all day program."
- Please do not allow your child to wear expensive clothing or jewelry. **We will not be responsible for lost or damaged articles of any kind.**
- All personal articles, especially beach towels, program t-shirts, water bottles and lunchboxes should be clearly labeled.
- Comfortable footwear is "a must"! We suggest sending your child in sneakers.
- Every day is WATER DAY please be sure to send your child wearing a bathing suit everyday.

Sunscreen

We recommend lathering your child up with sunscreen before the beginning of the program each day. Remember we are outside all day, everyday. If your child is particularly sensitive to the sun, please notify your child's counselor, so that sunscreen can be reapplied later in the day. Please send in sunscreen, clearly labeled with your child's name.

Lunch, Snack and Water

- Children should bring a small (labeled) snack and a lunch everyday; we do not have refrigeration so please pack an ice pack with your child's lunch if it needs to be kept cold.
- We recommend sending your child in with a **LABELED** water bottle daily.

Food Allergies

We have participants with various food allergies. For snack and lunch we have the kids eat their food on their towels. Any kids with food allergies we may group together at snack or lunch time and have them sit apart from kids that might bring in food they are allergic to. Please make sure you note any allergies on the medical section when registering.

Program T-shirts

Your child will be given a T-shirt on the first day of the program. Please make sure the T-shirt is clearly labeled with your child's name. If the shirt is lost, an additional shirt may be purchased for \$6.00. T-shirt size is youth small.

It is our goal to insure a fun-filled, safe experience for your child this summer! If you have any further questions, please feel free to contact the Holliston Parks & Recreation Department at 508-429-2149.

Thank you,



Holliston Outdoors Program Staff 2018



Authorization to Pick-up Form 2018

Program: _____ **Session(s):** _____

(child's name) _____

The following people are authorized to pick-up my child:

(name) _____ (phone number) _____

(address) _____

(name) _____ (phone number) _____

(address) _____

We require a note from the parent stating that your child will be going home with another person on a particular day. This note should be brought into the child's supervisor the day before or the day of the change.

Thank you!

PERMISSION FORM FOR EPI-PENS/INHALERS

NAME OF PARTICIPANT: _____ PHONE: _____

AGE: _____ DATE: _____

NAME OF PROGRAM: _____ DATE(S) ATTENDING _____

A: Reason inhaler/Epi-pen/Benadryl is needed:

B: How can child avoid needing to use inhaler/Epi-pen/Benadryl

C: Under what circumstances should the inhaler/Epi-pen/Benadryl be used?

D: Who should be contacted if treatment is deemed necessary? (When an Epi-pen is used, 911 will be contacted automatically)

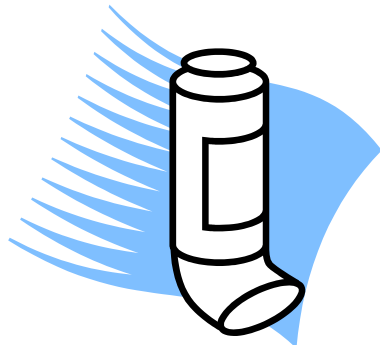
Special Notes:

- The parent should hand the medication directly to the child's counselor each morning at drop-off, and retrieve it directly from the counselor each day at pick-up.
- Participants **will not** be permitted to carry their medication in their backpacks.
- Program Supervisor and your child's counselor should be notified if any treatment was done prior to attendance in the program.
- The inhaler/Epi-pen must be clearly labeled and in the original pharmacy container.

I give permission for my son/daughter to self-administer inhaler/Epi-pen/Benadryl assisted by a member of the Holliston Outdoors staff.

SIGNATURE OF PARENT/GUARDIAN

DATE



MEDICATION ADMINISTRATION

(Does not apply to Epi-pens® or inhalers)

Parents who want their minor child to self-administer a prescription must submit a written request specifying the following:

- The medication is necessary to the participant's health and must be taken during program hours;
- Neither parent is available during program hours to administer the medication;
- The participant is physically and mentally capable of assuming that responsibility; and
- The participant has been adequately instructed in self-administration of the medication at home.

The Parks & Recreation Director will determine whether or not the Parks & Recreation Department sponsored program will comply with the parent's request. Self-administered medication will be kept in a specified location, in accordance with the requirements of 105 CMR 430.000. The Director has sole discretion in determining whether campers are permitted to carry medication on their person, if parents provide a release relieving the Department of all responsibility.

WAIVER

This is a release of liability - Read before signing

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

To the fullest extent allowed by law, I agree to **WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY** the Town of Holliston, its officers, directors, employees, agents, and leaders from **any and all liability** on account of, or in any way resulting from Injuries and Damages, even if caused by negligence of the Parks & Recreation Department, its officers, directors, employees, agents, and leaders, in any way connected with the self-administration of medication by my minor child. I further agree to **HOLD HARMLESS** the Town of Holliston, its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses caused by my request that my child be allowed to self-administer his/her own medication while at Holliston Outdoors Programs. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns.

I have read this document in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I request that my minor child _____, be allowed to self-administer medication (which has been prescribed by a physician) while participating in Town of Holliston Recreation Programs.

Name: _____

Signed: _____

Date: _____

