MSCR Youth Programs Handbook – Day Camps

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Dear Guardians and Participants:

Welcome to Madison School & Community Recreation’s Youth Programs. We are pleased that you have chosen to have your child join us. MSCR has been serving youth and families for over 90 years. Our goal is to provide a safe, enriching and positive experience for your child.

Ensuring that you and your child have a positive experience with MSCR involves preparation. This handbook is designed to serve as a guide to help plan for a rewarding and fun experience for both you and your child.

Please read through the following handbook with your child completely and return the Camps Supplemental Information Form and any needed medication administration and consent forms on or before the first day of your child’s program.

MSCR looks forward to working with you and your child!

Sincerely,

Janet Dyer
MSCR Executive Director
MSCR INFORMATION

MSCR MISSION STATEMENT
MSCR will enhance the quality of life for individuals in the Madison Metropolitan School District and for the community by providing recreation and enrichment opportunities year-round that are accessible to all.

MSCR STAFF
Madison School & Community Recreation makes every effort to hire qualified, caring and professional staff with the experience and education to work with youth in a recreational setting. All MSCR employees have been screened and have passed a background check through the Wisconsin Department of Justice and a T.B. risk assessment. We take pride in the quality of our staff and maintain high standards by training staff in a variety of topics including CPR/AED, supervision, health and safety, age-appropriate practices and other related topics. The staff to child ratio in all youth programs is 1:12 or better.

STAFF EVALUATIONS
All MSCR Seasonal staff are evaluated at least once per semester/summer by their program supervisor. Program supervisors work diligently with staff to provide suggested methods of improvement in all areas.

CONFIDENTIALITY
MSCR staff are trained in proper procedures to respect and protect the families’ right to confidentiality. All child and family information is kept confidential unless a signed release is obtained, and is used only for the purpose of maintaining the child’s health and safety.

Requests for Information
If requests for information about a child come from outside agencies or organizations, guardian permission will be necessary to proceed. In the event of a legal dispute, a court order will be required.

VOLUNTEERS
MSCR welcomes and utilizes volunteers who share their skills or talents or those seeking experience in an educational or recreational setting. Volunteers are never solely responsible for participant supervision. Additionally, all MSCR volunteers are screened and pass a background check through the Wisconsin Department of Justice prior to beginning their service.

VISITORS AND OBSERVATIONS
Guardians are welcome to visit and observe the program site. Please check in with program staff upon arrival. For liability and supervision reasons, visitors may not participate in MSCR activities. Community members who wish to observe the program must request permission from the MSCR Program Supervisor.

REACHING YOUR CHILD IN AN EMERGENCY
In the event you need to reach your child in an emergency, please contact the MSCR Site Director directly. If he/she is unable to be reached, please call the main MSCR line at 608-204-3000. We will contact the appropriate Site Director or Supervisor and call you back as quickly as possible. Please give the following information when you call:
1. Your name and your child’s name
2. MSCR program at which your child is enrolled
3. Phone number at which you can be reached
4. Give clear instruction on what you need us to do for your child
ABSENT PARTICIPANT
If your child is ill or will be absent from the program, please call the listed site phone number. As a courtesy, if a child does not arrive at the program within a reasonable amount of time and the staff has not received a message that a child will be absent, program staff will try to contact guardians. However, if MSCR staff is not able to reach specified contacts, no further attempts to locate the absent child will be made. It is important that guardians remember to call so that valuable staff time is not lost on unnecessary calls. MSCR is responsible for children only during the time they are checked into the program. There is no credit or fee reduction for days missed.

PROGRAM CANCELLATIONS
If an MSCR program is cancelled, delayed or closed early due to weather or other emergencies, announcements will be made on the radio and TV stations and will be posted on the MSCR website (www.mscr.org). MSCR programs are rarely cancelled and MSCR makes every attempt to hold programs and offers a wide variety of alternative activities during inclement weather. If MMSD cancels school, all MSCR programs are cancelled for that day. If you choose not to send your child to a program due to inclement, extremely cold or hot weather there is no credit or fee reduction for the days missed.

PERSONAL BELONGINGS
Participant should not bring any items of value to the program (games, toys, money, electronics, or jewelry). MSCR is not responsible for any items that are lost or stolen. Please clearly mark your child’s belongings with their first name, last initial and phone number.

DISCHARGE POLICY
A participant may be discharged from a program for any of the following reasons:
- Failure to pay fees or make arrangements for fees in a timely manner.
- Repeated failure to pick up a child on time.
- Failure on behalf of participant to meet behavior expectations (see Expectations for Participation in an MSCR Program).
  - Immediate termination may result from violent, unsafe behavior where child is a danger to self, staff or other children in the program.
- A guardian who does not choose to abide by the policies and guidelines of MSCR and MMSD, or in any way abuses or threatens a staff member will place their child’s status of being able to participant in MSCR programs in jeopardy.

When termination of program enrollment occurs, the guardians will be notified by phone and through written communication of the effective date that the child will be withdrawn from the program. A fee refund may be issued under certain circumstances. Guardians can appeal the decision to terminate their child's enrollment through written request to the Executive Director. The Executive Director will then convene a committee to begin the appeal process.
Participant Expectations

EXPECTATIONS FOR PARTICIPATION IN AN MSCR PROGRAM:
MSCR will hold all participants to the following expectations. Failure to comply with these expectations may result in discontinuation from MSCR program.

- Willing to participate in the scheduled activity/activities
- Maintain active participation in a group setting for the duration of the program
- Maintain safe behavior for self, others and the program
- Adhere to the MMSD/MSCR Code of Conduct (found here: https://boeweb.madison.k12.wi.us/policies/4502)
- Treat all participants, staff and others connected with MSCR programs with respect and dignity in language, attitude, and behavior.

PARTICIPANT BEHAVIOR SUPPORT:
MSCR strives to provide a safe, supportive, and caring environment for children and staff. Each child is treated as an individual, therefore, guidance procedures differ from child to child.

MSCR supports child guidance in the following ways:

- Provide developmentally appropriate, culturally relevant, inclusive and exciting activities
- Provide quality educational and recreational programming
- Minimum 1:12 staff to child ratio
- Consistent and active supervision
- Positive role models
- Reinforcement of appropriate behavior
- Redirection of inappropriate behavior
- Staff trained in behavior management techniques that are consistent with MMSD school day (Positive Behavior Support)
- Basic rules that are clarified for children and reinforced on a daily basis.

CONSEQUENCES FOR INAPPROPRIATE BEHAVIOR:
Depending on how serious the behavior is, participants may:

- Miss a portion of program activity
- Miss a field trip
- Be suspended from the MSCR program for a short time period (1-5 days)
- Removal from Program

When participants are suspended from MSCR programs, they will need to agree to conditions before they are allowed to re-enter a program. Guardians will be notified of behavior that occurred via MSCR’s “Youth Behavior Report” which must be signed and returned before the participant is allowed to re-enter the program.

MSCR follows a standard set of rules and designated consequences in any discipline situation which are available upon request.
**Inclusion Services**

The mission of Madison School & Community Recreation (MSCR) Inclusion Services is to enhance the quality of life for individuals with disabilities by providing recreation and enrichment opportunities year-round that are accessible to all. MSCR is committed to an inclusive approach to recreation and will provide reasonable accommodations to enhance program participation without fundamentally altering a program.

**WHAT IS INCLUSION?**

Inclusion means individuals with and without disabilities participate together in the same way, in the same place, and enjoy the same benefits.

**IS INCLUSION THE RIGHT CHOICE AND EXPERIENCE FOR ME AND/OR MY CHILD?**

To ensure success, we encourage you to ask and discuss these questions:

- Does my child have an interest in the program, the activities being offered, and the location and environment where the program is offered?
- Will my child be comfortable and function appropriately, with or without accommodations, in an inclusive environment?
- Do my / my child’s current activities or goals prepare me/them for this inclusive recreation experience?

**WHAT ARE THE ELIGIBILITY REQUIREMENTS?**

Inclusion services are free and available upon request. Requirements for inclusion in a program or activity are the same as those for a person without a disability.

- Meets age requirement
- Is registered
- Adheres to behavior expectations, with or without reasonable accommodations
- Voluntarily participates in registered activity, with or without reasonable accommodations
- Meets any other essential eligibility requirements for a specific activity

**EXAMPLES OF REASONABLE ACCOMMODATIONS:**

An accommodation is reasonable when it does not fundamentally change the nature of the program or activity. Reasonable accommodations include, but are not limited to the following:

- An enhanced staff to participant ratio
- Access to low-sensory environments
- Behavior support plans
- Sign language interpreters
- Adaptive equipment
- Alternate or accessible transportation, when transportation is provided for all participants
- Removal of architectural barriers
- Additional staff training
WHAT ARE THE LIMITATIONS OF INCLUSION SERVICES?
MSCR provides reasonable accommodations for inclusion. Some accommodations, due to the activity or the environment in which the activity is conducted, may not be reasonable and thus there is no guarantee they will be provided. For example, these accommodations are not guaranteed:

- Individualized therapy or programming
- Provision and/or purchasing personal, custom devices or equipment
- Hiring or placement of a specific person as support staff
- Services of a personal nature such as toileting, feeding and dressing
- Recreation Inclusion Staff are not provided for non-structured/non-registered programs, i.e. open gym, open swim, drop-in program, or child + adult or family activities, though other reasonable accommodations will be discussed.

HOW CAN I ACCESS SERVICES?

- When you register, mark "YES" in the Require Accommodations section of the registration form or check the box when registering online
- Complete the Online Participant Profile Form
- Upon receipt of the necessary documents, MSCR's Inclusion Services Staff will review your request and work with you to establish an individualized inclusion plan.
- We request at least 2 weeks to plan and secure reasonable accommodations. In some cases reasonable accommodations may take longer. All attempts will be made to accommodate the needs of all participants. However, due to staffing constraints and/or capacity limits of the requested activity, registrations or accommodations may be limited. If so, other options (days, times, locations) may be discussed.

BY REQUESTING INCLUSION SERVICES, I UNDERSTAND THAT:

- Inclusion services is not designed for therapeutic or 1:1 care
- It is my responsibility to provide MSCR with the most current information to assist in providing accommodations to meet my child’s needs
- My child’s inclusion plan may assist in meeting activity rules/expectations, but does not exempt them from following them
- If my child’s behavior presents clear or imminent risk to myself or others, and reasonable accommodations do not eliminate that risk, MSCR may unenroll my child from the activity.

For more information about services available to people with disabilities please call the Therapeutic Recreation Specialist for your program or attendance area listed below.

Kate Dvorak
Therapeutic Recreation Specialist
204-3043 or kdvorak@madison.k12.wi.us
Supports: Youth programs on Madison’s West side,
Arts & Enrichment classes, Fitness,
Sports and Swimming classes

Cheryl Dietrich, CTRS
Therapeutic Recreation Specialist
442-2970 or cstanley@madison.k12.wi.us
Supports: Youth programs on Madison’s East Side
MSCR Health and Safety Policies and Procedures

ILLNESS, ACCIDENTS, INJURIES

- If your child has a known medical condition (asthma, diabetes, seizure disorder, etc.), please inform the MSCR Site Director and instruct MSCR what to do if a problem should occur during program hours.
  - Please see MSCR’s medication policy below.
- If your child arrives or becomes ill at the program, staff will have your child go to a quiet area and assess the nature of the problem.
  - If your child has a fever over 100 degrees Fahrenheit, diarrhea or vomiting, MSCR staff will notify guardian and ask that you pick up your child within one hour.
  - If your child is not feeling well, but is not exhibiting any of the above symptoms, MSCR staff will escort your child to a quiet area to rest until feeling better or until the program ends.
- If your child is injured at a MSCR program, staff will attend to your child immediately and notify the MSCR Site Director. Your child will not be left alone. The following steps will be followed in case of accident or injury:
  - Appropriate first aid will be administered. For minor injuries, such as a small scratch or abrasion, staff will assist/allow the child to clean the wound area with soap and running water, then bandage it if necessary. A cold pack will be applied to minor sprains or bumps. The MSCR Site Director will evaluate more serious injuries to determine the need of further medical attention or for a call to the child’s guardian.
  - If appropriate, the injured child will be moved to a quiet area under supervision.
  - If emergency medical attention is required: 1st staff will call 911, 2nd staff will apply first aid, and 3rd staff will call the guardians.
  - Staff will complete an MSCR Participant Injury form to document the incident and provide a copy to the guardian.
- Until guardians or emergency contacts arrive, every effort will be made to respect the privacy and dignity of your child. If safe to do so, your child will be moved to a comfortable location away from other children. A staff member will stay with your child.

You will be contacted if there is an emergency with your child while at a MSCR program. If you cannot be reached we will proceed in contacting those individuals listed as your emergency contacts. Please be sure we have current emergency information for your child, including a secondary contact, so that we are always able to reach someone should an emergency occur.

COMMUNICABLE DISEASES:

- If a MSCR staff member suspects that a child has a communicable or contact disease (such as, but not limited to: Strep throat, stomach flu, viral infections, chicken pox, head lice, pink eye, pin worms or measles), MSCR staff will make sure that their guardian is aware of the situation.
  - Any specific requirements for the child to return to the program (such as exclusion from the program until proper incubation period has passed) will be communicated directly with you.
  - If necessary MSCR staff may notify the school office, MSCR and/or the health department.
- When a diagnosis of a communicable disease is confirmed, the exposed staff and children shall be watched for symptoms of the disease. An effort will be made to obtain an informative letter about the disease to serve as a handout to guardians.

ALLERGIES:

If your child has any allergies, please communicate directly with the MSCR Site Director of your child’s program and indicate in writing on the MSCR Supplemental Camps Information Form. If your child requires any allergy medication or an inhaler, please complete the necessary Medication Administration forms.
MSCR Program Policies and Procedures

RUNAWAY CHILD POLICY
The following procedure is in place to deal with a child who leaves or threatens to leave the premises:

- Every effort, short of physically restraining the child, shall be made to keep the child from leaving the program area.
- MSCR staff is directed not to leave the rest of the group inadequately supervised to pursue a running child.
- Staff will attempt to keep your child in sight if they are able to remain in contact with the site and there is appropriate supervision for the remaining participants.
- The Site Director is to be notified immediately if a child runs from the program.
- Guardians are to be notified that the child has left the premises. They will be asked to come and search for their child.
- If guardians or emergency contacts are unable to come, are unable to be reached, or the safety of the child is a concern, emergency services will be contacted.

CHILD ABUSE/NEGLECT POLICY
MSCR programs and staff are legally required to report either knowledge of, or a reasonable suspicion that a child may have been abused or neglected. Based on legal requirements (Act 81), MSCR has adopted guidelines which provide direction for the program staff in identifying and reporting suspected child abuse or child neglect cases. These guidelines are printed in staff manuals assigned to each staff member.

ARRIVAL AND DISMISSAL
- Children must check in and out of the program following the program’s specific process.
- No child will be released into the care of another child (anyone under the age of 18).
- Arrival and dismissal times are outlined in the program information section. Participants should not be dropped off before outlined arrival time.
- Any child who will be responsible for their own transportation home (walk, bike, city bus) must be designated able to check themselves out at the end of program on the Supplemental Camp Information Form.

LATE PICKUP
- Guardians arriving to pick-up their child after the program has closed, will be assessed a late fee of $5.00 per child for each fifteen minutes or portion thereof. Guardians will be billed separately for late pick-ups. If you must be late, please contact your program site and let the staff know.
- Late fees will not be covered by fee waivers. These waivers only cover fees until the end of the program.
- Habitual late pick-ups will not be tolerated. Consequences may include discharge from current program or being disallowed from future program registrations.
- If you fail to pick up your child within 30 minutes of the end of the program, the staff member in charge has the jurisdiction to call the Dane County Department of Human Services or the Madison Police Department. It is imperative that the adult responsible for picking up the child calls the program to notify staff of their anticipated arrival time.
EMERGENCY PROCEDURES

- No two emergencies are the same. While various steps and suggested actions outlined here represent sound procedure; staff’s own judgment should be the final authority until staff are able to contact a supervisor.
- MSCR policies for emergencies will be followed on site, and during field trips.
- All sites have emergency numbers posted by the primary program phone.
- In the event of an emergency, staff will follow this procedure:
  - Assess the situation rapidly, accurately and remain calm.
  - Call 911 first and all supervisors and families immediately thereafter.
  - If feasible, a staff member will meet emergency personnel at the main entrance.
  - Staff will not leave the victim unattended unless absolutely necessary. Retrieval of first aid supplies such as gloves, airway masks, bandages, etc may necessitate leaving briefly.
  - Staff will administer proper first aid, using appropriate personal protective equipment.
  - Staff will fill out accident and/or incident report.
  - Forms will be completed immediately after the incident, including all required information and details relating to the accident.
Administering Medication in MSCR Programs

1. Except as stated, no medication will be administered by staff without the Participant Medication Administration Consent Form and the Order for Medication Administration Form completed and returned to the MSCR designee.
   A. Medication Consent Form must be completed by the legal guardian, addressed and returned to the MSCR designee.
   B. The Order for Medication Administration Form must be completed by the prescribing practitioner, addressed, and returned to the MSCR designee.
   C. The MSCR designee shall maintain an accurate medication file that includes all necessary forms for each student receiving medication. Any changes shall be communicated in writing to the MSCR designee by both the practitioner and the legal guardian.

2. Medication to be given must have the following information printed on the container:
   A. Child’s full name
   B. Name of the drug and dosage
   C. Time to be given
   D. Practitioner’s name and dosage

3. Medication will be administered to the child at the designated time by an individual who has been designated by MSCR to do so.

4. Only limited quantities of any medication are to be kept on site.

5. All medication administered at the site will be kept in a locked cubicle, drawer, or other safe place. The MSCR designee will count and document the quantity of medication each time it is brought to the program.

6. The length of time for which the drug is to be administered, which is not to exceed the length of the program, shall be contained in the written instructions from the prescribing practitioner. Any additional instructions must be received from the practitioner in writing with the written consent of the legal guardian if the drug is to be discontinued or any other change is to be made in the practitioner’s original instructions.

7. An accurate and confidential system of record keeping shall be established for each participant receiving medication.
   A. Information on the administration of medication shall be kept on site. Such information shall include a list of participants who are being administered medication during program hours and the type of medication, the dose, the time to be given, and the date the medication is to be discontinued. Such information should be updated periodically as practicable.
   B. An individual record for each participant receiving medication shall be kept on site by the MSCR designee, including the type of medication, the dose, the time to be given, the duration, and an inventory of the amount of medication.
   C. Each site will maintain a medication/injury log and shall record daily any medications dispensed to a child in the following manner:
      1) Record first and last name of child, name of medication, dosage, time, date and name or initials of the person administering the medication in the bound medical log on the same day that it is administered.
      2) Entries in the medication log must be in ink. No lines are to be skipped. Pages may not be removed. Do not number pages as you use them.
      Example: 3/21/03 John Jones 1 tsp. Penicillin 10:30am HMS
      3) Staff are asked to report any unusual behavior of participants on medication.

8. Non-prescription, over-the-counter medications (such as ibuprofen or acetaminophen) may be administered with the Participant Medication Administration Consent Form. A physician’s order is required for non-prescription medications. Non-prescription medications must arrive from the guardian in original containers.

9. In the event of a medication error, guardians and practitioner will be notified. A written Medication Error Form explaining the error shall be completed by the MSCR designee or other staff involved, if any, and such report shall be sent to the MMSD Health Services Administrator.

10. Nothing in this policy shall be construed to limit a staff person’s ability to respond appropriately in a health emergency situation, including but not limited to administering medication, if needed.
Participant Medication Administration Consent Form

Child’s Full Name: _____________________________________________________________________ D.O.B. ____________________________________________________________________

MSCR Program _______________________________________________________________________________________________________________________________________

Name of Practitioner ordering medication/procedure___________________________________________________________________________________________

Practitioner ordering medication/procedure phone number _______________________________________________________________________________________

Practitioner ordering medication/procedure address: ___________________________________________________________________________________________

Name of medication/dosage or procedure _________________________________________________________________________________________________

Hour it is to be given ___________________________________________________________________________________________________________________

How it is to be given ___________________________________________________________________________________________________________________

Reason for medication/procedure ____________________________________________________________________________________________________________________________________________

Guardian Name: ___________________________ Phone: (H) _____________ (W)_____________________

I hereby give my permission to the MSCR designee or delegate(s) to give the medication to my child according to the written instructions of the Practitioner as shown on the Order for Medication Administration form. I also hereby agree to give my permission to the MSCR designee to contact the child’s Practitioner.

I further agree to hold the Madison School & Community Recreation, the Madison Metropolitan School District (MMSD), and the MMSD employee(s) who is (are) administering the medication or harmless in any or all claims arising from the administration of this medication at an MSCR program. I agree to notify the program at the termination of this request or when any change in the above orders is necessary.

_________________________________________________ _______________________
Signature of Guardian Date
Order for Medication Administration

Dear _______________________________________________(MSCR designee)

Please administer the following medication(s) to:

Name of participant ______________________________ who is in the MSCR Program _________. Diagnosis___________________________________________________

Physician Medication Orders:

**DAILY MEDICATIONS**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Route</th>
<th>Dose</th>
<th>Frequency</th>
<th>Duration</th>
<th>Direct contact shall be made with me should the participant receiving the medication develop any of the following conditions or reactions to the medication (if none, so state)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>From: To:</td>
</tr>
</tbody>
</table>

**PRN MEDICATIONS**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Route</th>
<th>Dose</th>
<th>Frequency</th>
<th>Duration</th>
<th>Condition under which medication should be given</th>
<th>Direct contact shall be made with me should the participant receiving the medication develop any of the following conditions or reactions to the medication (if none, so state)</th>
</tr>
</thead>
<tbody>
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<td>From: To:</td>
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</tbody>
</table>

Hospital/Clinic/Office ______________________________ Phone: __________________________

Address ________________________________________________________________________________

Physician’s Signature ______________________________________________________ Date ______________________

Please return this form to: ________________________________________________________________

Or MSCR: 3802 Regent St. Madison, WI 53705 Phone: 608-204-3000 Fax: 608-204-0557
Camps Supplemental Information Form:

(Guardians, you are welcome to complete one form for multiple children. Please indicate any differences as needed. All information will be able to be reviewed or updated at camp during drop-off.) Items with a * are required.

Participant Name(s)*: ____________________________________________

Guardian 1 Name*: ____________________________ P/G 1 Cell Phone*: ____________
P/G 1: Email Address: ____________________________ P/G 1 Alt. Phone: ____________

Guardian 2 Name: ____________________________ P/G 2 Cell Phone: ____________
P/G 2: Email Address: ____________________________ P/G 2 Alt. Phone: ____________

Emergency Contact Name*: ____________________________ EC Cell Phone*: ____________

(and relationship to the participant)

Other Adults Authorized to Pick Up Participant from Program*: ____________________________________________

Other information we should know about your child: ____________________________________________

Guardian - Child Participation Agreement

By registering for MSCR youth programming, I hereby understand and agree to the following:

1. I and my child(ren) will adhere to MSCR rules and procedures.
2. I have read the MSCR Youth Programs Handbook and I am aware of MSCR policies, procedures, and guidelines.
3. I have read the Participant Expectations of Behavior and am aware that MSCR staff will use these guidelines when working with participants and families to resolve any behavior issues.
4. My child and I will treat all MSCR participants, staff, volunteers and guardians with respect and dignity in language, attitude, behavior and mannerisms regardless of race, creed, color, gender, sexual orientation or ability.
5. I will provide MSCR with current information regarding my child’s address, phone number, medication, disabilities, swimming abilities and any other relevant information that will enable MSCR staff to serve my child in the best possible manner.
6. I hereby give permission for MSCR to take or transport my child(ren) on supervised field trips during program hours.
7. All children must leave the building at the close of the program. Guardians are responsible for their children at closing time.
8. I hereby grant permission for MMSD/MSRC staff to share, with each other, any information or records regarding my child. This includes the ability of MMSD school staff to disclose to MSCR staff pupil records or information related to disability status, health conditions and behavioral concerns for the purpose of providing appropriate accommodations and supports in MSCR youth programming.
9. MSCR/MMSD staff have my permission to assist my child in the application of sunscreen and/or insect repellent prior to outdoor activities. It is my understanding that children are required to bring both sunscreen and insect repellent for use during MSCR programs. Children should come to their program in the morning with sunscreen already applied.
10. If emergency medical care is deemed necessary and I am unable to be reached, MSCR staff is authorized to act in my child’s behalf in granting permission for my child to receive emergency treatment or surgery.

Guardian Signature: ____________________________ Date: ____________