marcus JCC atlanta **CLUB J** **REQUIRED FORM: 1 of 6** **2015-2016 Master Profile**

Please complete one per child.

CHILD INFORMATION

Last Name	First Name	Siblings in the program
Birthdate (mm/dd/yyyy) □ Male □ Female	School School Grade 2015-2016 □ PK □ K □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8	
Marital Status of Parent/Guardian □ Married □ Single □ Divorced □ Widowed □ Separated	Child Lives With □ Both Parents Jointly □ Father □ Mother □ Both Parents Separately □ Grandparents □ Guardian	For Divorced Parents or Legal Guardians: Who has custody of this child? (Name)

PARENT/GUARDIAN 1

Name	□ Mr. □ Mrs. □ Miss □ Ms. □ Dr.	Home Address	
Home Phone # (□ Primary □ Secondary □ Tertiary)	Cell Phone # (□ Primary □ Secondary □ Tertiary)	Work Phone # (□ Primary □ Secondary □ Tertiary)	Work Address
Email Address (please print)			
Grandparents' Names May be released to Grandparents □ Yes □ No	Phone		

PARENT/GUARDIAN 2

Name	□ Mr. □ Mrs. □ Miss □ Ms. □ Dr.	Home Address	
Home Phone # (□ Primary □ Secondary □ Tertiary)	Cell Phone # (□ Primary □ Secondary □ Tertiary)	Work Phone # (□ Primary □ Secondary □ Tertiary)	Work Address
Email Address (please print)			
Grandparents' Names May be released to Grandparents □ Yes □ No	Phone		

EMERGENCY CONTACTS: Individuals other than parents or grandparents whom we may contact and release the child to if parent cannot be reached.
*Please note: Emergency contacts must live in Atlanta.

Name	Relationship	Home Phone _____ (□ Primary □ Secondary □ Tertiary) Work Phone _____ (□ Primary □ Secondary □ Tertiary) Cell Phone _____ (□ Primary □ Secondary □ Tertiary)	Address
Name	Relationship	Home Phone _____ (□ Primary □ Secondary □ Tertiary) Work Phone _____ (□ Primary □ Secondary □ Tertiary) Cell Phone _____ (□ Primary □ Secondary □ Tertiary)	Address

Additional Information

Does your child or has your child ever received any medical or educational therapies (PT, OT, Speech, etc.) □ Yes □ No If "Yes", please list therapies: Date of last therapy session: Does your child have an IEP? □ Yes □ No
How does your child get along with other children? □ Easily □ Fairly Easily □ With Difficulty
What behavior management methods work best for your child?
Please share any information that you feel we should be aware of to best meet the needs of your child:

MJCCA Club J
The Safe, Fun & Meaningful After-School Experience

marcus JCC atlanta **CLUB J** **REQUIRED FORM: 2 of 6** **2015-2016 Health Form**

Child's Last Name	Child's First Name	Date of Birth
Address	Phone Number	

MEDICAL / IMMUNIZATION INFORMATION Please, note that Georgia Health Form #3231 is required for all children.
Families new to Georgia may provide an official document equivalent to the GA 3231 immunization record. All records must be in English.

Height	Weight	Gender □ Female □ Male

Chronic Medical Conditions □ Yes □ No If "Yes", provide details.	Dietary needs or restrictions □ Yes □ No If "Yes", provide details.
Medicine or Food Allergies □ Yes □ No If "Yes", a completed Allergy Form is required along with this form.	Any regular or PRN medicines □ Yes □ No If "Yes", which ones?

Does Child have any history of:

Vision Impairment or eye infection	□ Yes □ No	If yes, what? _____
Hearing Impairment or ear infection	□ Yes □ No	If yes, what? _____
Speech problems	□ Yes □ No	If yes, what? _____
Rashes	□ Yes □ No	If yes, what? _____

Are any restrictions on normal physical activities indicated? □ Yes □ No
If Yes, provide details:

Will medication be administered during Club J? □ Yes □ No

If yes, an "Authorization to Administer Medication Form" and/or "Authorization to carry an Epi-Pen, Inhaler or Insulin Form" must be filled out. Both forms can be located on the Club J page at www.atlantajcc.org.

Authorization for Treatment: Should the need for medical attention arise; (and in case of our unavailability), as parents or legal guardians, we want the MJCCA and/or staff to arrange and authorize medical treatment as necessary for our child. The MJCCA will use the nearest available hospital. Should specialist advice or treatment be required, our preferences are:

Physician's Name (please print)	Physician's Address	Phone
Child's Medical Insurance Co.	Group #	ID #

In the absence of a parent or guardian, ☐ **I hereby give authorization** or ☐ **I do not give authorization** to the named emergency contact person to have access to my child's health information. (Please select choice above)

This information is complete to the best of my knowledge.

Parent/Legal Guardian Signature	Date
Printed Name	Relationship
Facility Administrator Signature	Date

Sunscreen/Bug Spray/Topical Ointment

Please complete one per child

590-1-1-.20(1) - Georgia Bright From The Start

Parental Authorization

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give Club J at the MJCCA permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Bathroom Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

Other (please specify):

_____

_____

_____

_____
Child's name

_____ _____
Parent/Guardian Signature Date

Parents, please read with your child.

I agree to follow the rules and behavior guidelines of the MJCCA and Club J. Program rules include, but are not limited to the following:

1. I will be respectful of my fellow participants and all program staff. This means that I will speak to others in a respectful manner and tone of voice, I will follow directions and I will not cause or threaten physical harm towards others. I understand that disrespectful behaviors include, but are not limited to, hitting, punching, kicking, biting, spitting, cursing, lying, stealing, inappropriate adult language/conversations and/or inappropriate physical contact and refusing to listen to the MJCCA and Club J staff.

2. I will be respectful of the Zaban Campus grounds, the Blank Family building and places we may visit and the belongings of others. This means that I will not litter, vandalize, steal or destroy items that do not belong to me.

3. I will not use or bring the following: matches and lighters; tobacco, alcohol and other drugs; firearms and other weapons (real or pretend). I understand that if I do so, I may be asked to leave Club J for the remainder of the school year.

4. I will not bring anything to Club J that has value; including, but not limited to, Electronic game devices and games, trading cards, jewelry, cameras, etc.

5. I agree to follow all Club J rules including those that are not listed on this behavior agreement.

Children: With a parent, I have read the Club J Behavior Agreement and I agree to follow the rules. I understand that not following these rules will result in consequences to my actions. In some cases, consequences may include not being allowed to attend Club J for a period of time or not being allowed to participate in certain activities.

Parents: By signing this document you are acknowledging that you have read and understand the rules listed above, that the consequences listed above may be imposed at any time, and that you will arrange for your child to be removed from Club J if the MJCCA staff requests for you to do so.

Child's Name (printed) _____

Child (please have child write name) _____ Date _____

Parent/Guardian Signature _____ Date _____

CLUB J

REQUIRED FORM: 5 of 6

2015-2016 Transportation Form

This is to certify that I give The Marcus Jewish Community Center of Atlanta via Club J permission to transport my child,

_____ from _____ (School) at _____pm and take my child to The Marcus Jewish Community Center of Atlanta at _____pm.

My child will be transported on the following days:

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Club J Director or Club J Assistant Director is authorized to receive my child. In the event that one of the authorized individuals is not present the Camp Isidore Alterman Director will be the authorized person.

In the event that my child is not to be transported on a particular day, due to absence or early pick-up from school, I agree to notify Club J via Club J, clubj@atlantajcc.org or telephone (678-812-3899) prior to 12:00 pm that day.

Please note that there will be a $25 change fee applied to changes in Club J registrations. Registration changes can be made by emailing clubj@atlantajcc.org and may take up to two weeks to process.

Parent/Guardian Signature _____Date _____

2015-2016 Authorized Individuals Form

All of the people listed below must be given your child's dismissal number, which will be sent to you prior to the start of the program. In the absence of the dismissal number, anyone picking up your child must have a valid driver's license or identification with them and their address must be listed below.

Please list the individuals that are authorized to pick up your child below.

Name	Relationship	Phones	Address
Name	Relationship	Home Phone ____________________ (□ Primary □ Secondary □ Tertiary) Work Phone ____________________ (□ Primary □ Secondary □ Tertiary) Cell Phone ____________________ (□ Primary □ Secondary □ Tertiary)	Address
Name	Relationship	Home Phone ____________________ (□ Primary □ Secondary □ Tertiary) Work Phone ____________________ (□ Primary □ Secondary □ Tertiary) Cell Phone ____________________ (□ Primary □ Secondary □ Tertiary)	Address
Name	Relationship	Home Phone ____________________ (□ Primary □ Secondary □ Tertiary) Work Phone ____________________ (□ Primary □ Secondary □ Tertiary) Cell Phone ____________________ (□ Primary □ Secondary □ Tertiary)	Address
Name	Relationship	Home Phone ____________________ (□ Primary □ Secondary □ Tertiary) Work Phone ____________________ (□ Primary □ Secondary □ Tertiary) Cell Phone ____________________ (□ Primary □ Secondary □ Tertiary)	Address

The following Individuals are NOT Authorized to pick up child:

Name	Relationship	Phones	Address
Name	Relationship	Home Phone ____________________ Cell Phone ____________________	Address
Name	Relationship	Home Phone ____________________ Cell Phone ____________________	Address

Every child in Club J is assigned a dismissal number. Please only share this number with people that are picking up your child, as we will release your child to only those who have this number. If they do not have this number, AND they are not on the above list, then your child will not be released into their care.

I realize that my child will not be released to anyone who does not have my child's dismissal number OR is NOT specified on my list. If an alternate person will be picking up my child, I will give them my child's dismissal number. Should they not know the dismissal number, the alternate person will not be permitted to leave with the child, until a parent is contacted and the pick-up is confirmed. A form of picture ID will be required from the individual picking the child up.

Parent/Guardian Signature ____________________________ Date ___________________ Child's Name _____________________________

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CLUB J

2015-2016 Authorization to Dispense Form

Please fill this form out for each medication that you want dispensed for your child. A new form will need to be completed every two weeks.

Child's Last Name _____ Child's First Name _____

Parent/Guardian Last Name _____ Parent/Guardian First Name_____

All medication brought to Club J must be in its original bottle/container.

Name of medication _____ Dosage _____

Prescription # _____ Amount of medication to be dispensed _____

Time medication is to be given _____ Dates to be given _____

Parent/Guardian Signature _____ Date _____

FOR CLUB J USE ONLY

	DATE	TIME ADMINISTERED	AMOUNT	REACTIONS	ADMINISTERED BY
1				□ Yes □ No	
2				□ Yes □ No	
3				□ Yes □ No	
4				□ Yes □ No	
5				□ Yes □ No	
6				□ Yes □ No	
7				□ Yes □ No	
8				□ Yes □ No	
9				□ Yes □ No	
10				□ Yes □ No	

If noticeable adverse reaction to medication, what action was taken? Describe:

_____

CLUB J

2015-2016 Authorization to Carry a Prescription Inhaler, Epi-Pen or Insulin

_____ needs to carry the following prescription labeled inhaler, Epipen or insulin with him/her. The above named child has been instructed in the proper use of the medication and fully understands how to administer this medication.

Medication _____

Dosage _____Directions _____

Physician's Signature & Stamp _____ Date _____

I have been instructed in the proper use of my prescription labeled medication and fully understand how to administer this medication. I will not allow another child to use my medication under any circumstances. I also understand that should another child use my prescription, the privilege of carrying my medication may be revoked. I also accept the responsibility for checking in with the staff to keep them informed of use of my medication in case I start having problems.

Child's Signature _____ Date _____

I hereby request that the above named child, over whom I have legal control, be allowed to carry and use the prescription medication described above, at this program. I accept legal responsibility should the above medication be lost, given or taken by a person other than the above named child. I understand that if this should happen, the privilege of carrying the medication may be revoked, I hereby absolutely and fully release The Marcus Jewish Community Center of Atlanta, Inc., its officers, directors, employees, members, and agents from any legal responsibility whatsoever when the above named camper administers his/her own medication. My child and I recognize that the employees of the MJCCA are not responsible for reminding my child to use his/her inhaler, Epipen or insulin.

Parent/Guardian Signature _____ Date _____

CLUB J

2015-2016 Swimming Permission Form

At Club J, your child will have the opportunity to swim most Friday afternoons from 3:20pm – 4:15pm. In order for your child to swim, they must first pass a swim test which will be given by a Certified Lifeguard in our Aquatics Department. If your child is not an independent swimmer; e.g., cannot swim without the aid of floaties, noodles or water wings, then they will not pass the swim test, and therefore; not be able to swim at Club J. You only need to sign this form if you intend to have your child swim tested.

LICENSING REQUIREMENTS

If your child can swim, a swimming test must be given to determine whether the child can swim a distance of fifteen (15) yards, float on their back for 15 seconds and tread water for 30 seconds unassisted by a person who has current evidence of completing successfully a training program in lifeguarding offered by a certified water safety instructor.

I hereby grant permission for my child, _____ to be tested for their swimming ability. I will be notified if he/she passes and understand that the pool will be guarded by a WSI Certified Lifeguard at all times my child is in the water. I further understand that my child will not be granted permission to swim at the MJCCA if I have not also signed the MJCCA Waiver of Liability located on the Club J Emergency Contact/Health Form.

Name of Parent _____

Signature of Parent _____ Date _____

TO BE COMPLETED BY A LIFEGUARD

_____ has successfully completed a swimming test which required the child to swim a distance of fifteen (15) yards unassisted.

Below named Lifeguard has current evidence of having completed successfully a training program in lifeguarding offered by a water-safety instructor certified by the American Red Cross or YMCA or YWCA or other recognized standard-setting agency for water safety instruction.

Name of Lifeguard_____

Signature of Lifeguard _____ Date _____

CLUB J

2015-2016 Allergy Action Plan

Child's Last Name	Child's First Name	Date of Birth
Parent/Guardian Last Name	Parent/Guardian First Name	
Allergy to	Asthmatic □Yes (Higher risk) □ No	

STEP 1: TREATMENT

SYMPTOMS	**GIVE CHECKED MEDICATION**	
○ If a food allergen has been ingested, but *no symptoms*:	□Epinephrine	□Antihistamine
○ Mouth - *Itching, tingling, or swelling of lips, tongue, mouth*	□Epinephrine	□ Antihistamine
○ Skin - *Hives, itchy rash, swelling of the face or extremities*	□Epinephrine	□ Antihistamine
○ Gut - *Nausea, abdominal cramps, vomiting, diarrhea*	□ Epinephrine	□Antihistamine
○ Throat† - *Tightening of throat, hoarseness, hacking cough*	□Epinephrine	□ Antihistamine
○ Lung† - *Shortness of breath, repetitive coughing, wheezing*	□Epinephrine	□ Antihistamine
○ Heart† - *Thready pulse, low blood pressure, fainting, pale, blueness*	□ Epinephrine	□ Antihistamine
○ Other† _____	□Epinephrine	□Antihistamine
○ If reaction is progressing (several of the above areas affected), give	□Epinephrine	□ Antihistamine

The severity of symptoms can quickly change. *†Potentially life-threatening.*

DOSAGE

Epinephrine: inject intramuscularly □EpiPen® □EpiPen® Jr. □Twinject™ 0.3 mg □Twinject™ 0.15 mg

Antihistamine: give_____
medication/dose/route

Other: give_____
medication/dose/route

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency contacts:
Last Name _____ First Name _____
Home # _____ Cell #_____Relationship _____

Last Name _____ First Name _____
Home # _____ Cell #_____Relationship _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date_____

Doctor's Signature _____ Date_____