**Out of School Time Holiday Program**

Dear Families:

Thank you for choosing to send your child to the West Suburban YMCA’s Holiday Program. We would like to welcome you and your child to the YMCA. The following are some VERY IMPORTANT rules and guidelines about the program. Please take a few moments to go over these before your child’s first day.

**SIGN IN / ARRIVAL:**

Arrival starts at 7:00 AM and you may drop off your children any time after 7:00 AM. No parent may leave their child at the YMCA before 7:00 AM.

**ESCORTING YOUR CHILDREN:**

All parents must escort children to the classroom and sign them in EACH day of the program. Our Vacation Program will be meeting in the Live Y’ers room/OST Classrooms (at the top of the stairs on the right). Children are not allowed to sign themselves in or out.

**ABSENTEE PROCEDURE:**

If your child will be absent, please call 617-795-1747 and notify the vacation program staff. **No refunds or credits will be issued for illness or personal vacation days.**

**PICK UP:**

The Vacation Program closes promptly at 6:00 PM daily. There will be a late fee of $10 for pick-up anytime between 6:00—6:10 and an additional $1 per minute will be charged for each minute after that that you are late. Please sign your child out before you leave. Any person who will be picking up your child must be authorized to do so by you in writing on the program application. **The West Suburban YMCA may refuse to release a child to someone who is not on the authorized pick-up list or who cannot show a valid picture ID to confirm their identity.**

**FOOD/SNACK POLICY:**

We will provide a morning and afternoon snack daily. Children may bring in their own snack or eat what is being served. You may send your child with an extra snack if desired. **Children must bring their lunch each day**. **We are a NUT FREE classroom, so please do not send your child with any nut or tree nut products.**

**MEDICATION:**

If your child will need to take medication while attending the Vacation Program, please make arrangements with our Out of School Time Director. All medication must be in the original prescription container and the appropriate forms must be filled out before any staff will be able to dispense any medications. *These forms can be found on pages 5-7 of this packet.*

**TOYS FROM HOME:**

We do not allow children to bring in toys or games from home. This includes electronics, stuffed animals, and other toys. Toys from home are often a distraction to other children and sometimes tend to get lost during the day. The West Suburban YMCA is not responsible for lost or stolen items.

**ANNOUNCMENTS/INCLEMENT WEATHER CANCELLATIONS:**

Please look for daily announcements by the sign in/out book. If inclement weather is predicted, please check the website at www.wsymca.org to check for vacation program cancellations. Any cancellations will be posted on the home page no later than 7:00 a.m.

**WHAT TO BRING EACH DAY:**

* A healthy lunch and drink. Include a freezer pack if needed, as refrigeration is not available. Also, we cannot microwave lunches. **We are a NUT FREE classroom, so please do not send your child with any nut or tree nut products.**
* Bathing suit, towel, and change of clothes.
* Comfortable clothes and sneakers (no black soled shoes in the gym).
* Warm clothing for outdoor play including: boots, hat, mittens, coat and snow pants.

**SWIM:**

Every day there will be approximately 30 minutes to one hour of free swim. All children who wish to swim must bring a swimsuit, towel and change of clothes. There will be at least one program staff person in the pool with the children in addition to the lifeguards provided by the aquatics staff. Bubbles will be available for children who need them. Lessons will not be provided during this time. Children are not required to participate in free swim.

**SAMPLE DAILY SCHEDULE:**

Our schedule combines enrichment activities (arts & crafts, STEM, ELA, Teambuilding, etc.), physical activities (gym games, outdoor play, etc.) and other fun activities.

7:00-9:00 Program Opens/Free Choice

9:00-10:00 Morning Snack

10:00-11:00 Swim

11:00-12:00 Enrichment Activity

12:00-1:00 Lunch

1:00-2:00 Physical Activity

2:00-3:00 Swim

3:00-4:00 Afternoon Snack

4:00-5:00 Enrichment Activity

5:00-6:00 Free Choice/Clean Up

**REGISTRATION:**

Payment in full is due upon registration. You may pay in cash, check (payable to West Suburban YMCA) or with Visa, MasterCard, American Express. Any changes to children’s schedule must be made in writing and is subject to availability. Please note any children with an outstanding balance or missing paperwork will not be allowed to participate in the program.

*To turn in completed registration forms and make program payment, please visit the Welcome Center Desk at the WSYMCA or call 617-244-6050 ext. 0.*

*Any questions, please contact Kaitlin McCarthy, Director of Out-of-School Time, at* [*kaitlinm@wsymca.org*](mailto:kaitlinm@wsymca.org) *or call at 617-795-1747.*

**Out of School Time Holiday Program K-8 Registration Form**

\*Separate registration form per child is required\*

\* Please note, our Program is licensed by the Massachusetts Department of Early Education and Care and all documentation listed in this from are required for participation\*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Description: Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_

Skin Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate Weight: \_\_\_\_\_\_\_\_\_\_

**MEMBERS: NON-MEMBERS:**

**HALF DAY (7:00 a.m.—1:00 p.m.)= $50/day HALF DAY (7:00 a.m.—1:00 p.m.)= $65/day**

**FULL DAY (7:00 a.m.—6:00 p.m.)= $80/day FULL DAY (7:00 a.m.—6:00 p.m.)= 100/day**

**School Holiday Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of School Holiday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am requesting a HALF DAY of Care: \_\_\_\_\_\_\_\_\_\_\_**

**I am requesting a FULL DAY of Care: \_\_\_\_\_\_\_\_\_\_\_**

**Please check all that apply:**

* **I am a current OST Family: \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **I am NOT a current OST Family: \_\_\_\_\_\_\_\_\_**
* **I am a WSYMCA Member: \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **I am NOT a WSYMCA Member: \_\_\_\_\_\_\_\_\_**

**Photo and Swim Permission**

**Swimming Experience:**

Has your child taken lessons before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At the West Suburban YMCA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child use bubbles/floaties and how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can your child swim without an adult supporting him/her? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I give my child permission to partipate in FREE swim during the program and understand s/he will be supervised by YMCA staff.*

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Video and Photograph:** *I permit the respresenatative and employees of the West Suburban YMCA to take photographs of my child. I authorize the West Suburban YMCA, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that the West Suburban YMCA may not use such photographs of my child with or without his/her name and for any lawful pupose, including but not limited to such puposes as publicity, illustration, advertising and web content.*

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Card: ALL Information is REQUIRED**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How to reach parents/guardians (will be called FIRST in emergency; also authorized for pick up):

Parent/Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Persons (list in order we should call in an emergency; also authorized to pick up):

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

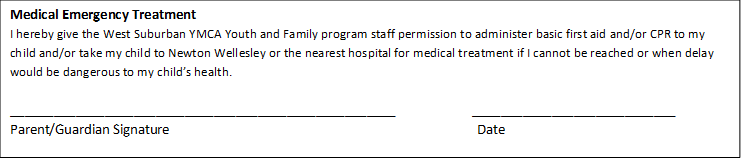
Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternative Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Pediatrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child has an allergy, please complete the Individual Health Care Plan and Medication Consent Form on the following page.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Health Care Plan Form**

Plan must be renewed annually or when child’s condition changes

Check all that apply….

**Plan was created by: Plan is maintained by:**

\_\_\_\_ Parent \_\_\_\_\_ Director

\_\_\_\_ Doctor or Licensed Practitioner \_\_\_\_\_ Assistant Director

\_\_\_\_ Program’s Health Care Consultant \_\_\_\_\_ Child’s Educator

\_\_\_\_ Older school age child (9+ years of age) \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Name of Child: Date: |
| Any change to the child’s Health Care Plan?  **YES** (indicate changes below) **NO**  (updated physician/parental signature required) |
| Name of chronic health care condition: |
| Description of chronic health care condition |
| Symptoms: |
| Medical Treatment necessary while at the program: |
| Potential side effects of treatment: |
| Potential consequences if treatment is not administered: |
| Name of educators that received training addressing the medical condition: |
| Person who trained the educator (child’s Health Care Practitioner, child’s parent, program’s Health Care Consultant): |

Name of Licensed Health Care Practitioner (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Health Care Practitioner authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **For Older Children ONLY (9+ years of age)**  With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without direct supervision of an educator.  The educator is aware of the contents and requirements of the child’s Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.  Age of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Back-up medication received? YES NO  Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Commonwealth of Massachusetts

Department of Early Education and Care

Medication Consent Form 606 CMR 7.11(2)(b)

|  |
| --- |
| Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please √ one of the following: Prescription \_\_\_\_\_ Oral/Non-Prescription: \_\_\_\_\_\_  Unanticipated Non-Prescription for mild symptoms \_\_\_\_\_\_\_\_\_\_  Tropical Non-Prescription (applied to open wound/broken skin) \_\_\_\_\_\_\_\_\_  My child has previously taken this medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_  My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan \_\_\_\_\_\_ |
| Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) medication to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Times medication to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reasons for medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Possible side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Directions for storage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and phone number of the prescribing health care practitioner:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child’s Health Care Practitioner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (parent or guardian) gives  Print name  permission to authorize educator(s) to administer medication to my children as indicated above.  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For topical, non-prescription NOT applied to open wound/broken skin (Parent signature only) |