RNF	Sunscreen

DENVER WARM WELCOME COURT CHILD CARE CENTER

520 West Colfax Avenue, Denver, Colorado 80204 (720) 865-9930

Today's Date		Referred by (Court Agency/Department)						
Tir	me Service is needed	Role: □Plaintiff	□Defendant	□Witness	□Juror	□w/D	□w/F	
Co	ourt Location							
Na	ame and Address of Parent(s)/Gu							
Na	ame			Phone Numb	er			
Ac	ddress			Date of Birth				
Ci	ty State	Zip Code						
1.	Child's Name:		D	ate of Birth:				
	Allergies: ☐ Yes ☐ No To Wi	nat?						
	Any Medication ☐ Yes ☐ No	Name of Medication						
	Any Medical/Physical Restriction	ns?	C	urrent Immu	nizations?	? □ Yes	s □ No	
	Eating Habits:		Sleeping Habits					
	Toileting Habits:	E	Ethnicity:		Sex: 🗆] М 🗖 F	=	
2.	Child's Name:		D	ate of Birth:				
	Allergies: ☐ Yes ☐ No To Wi	nat?						
	Any Medication ☐ Yes ☐ No	Name of Medication						
	Any Medical/Physical Restriction	ns?	C	urrent Immu	nizations?	? □ Yes	s □ No	
	Eating Habits:		Sleeping Habits	S				
	Toileting Habits:	E	Ethnicity:		Sex: 🗆	1 M □ F	=	
3.	Child's Name:		D	ate of Birth:				
	Allergies: ☐ Yes ☐ No To Wi	nat?						
	Any Medication ☐ Yes ☐ No	Name of Medication						
	Any Medical/Physical Restriction	ns?	C	urrent Immu	nizations?	? 🛚 Yes	s 🗖 No	
	Eating Habits:		Sleeping Habits	S				
	Toileting Habits:	E	Ethnicity:		Sex: 🗆] М □ Б	=	

DENVER WARM WELCOME COURT CHILD CARE CENTER AUTHORIZATION FORM

I, the undersigned, hereby instruct the Denver Warm Welcome Court Child Care Center or any of the agents to take whatever steps may be necessary to obtain or administer emergency medical care to the benefit of my child(ren) while in attendance at the child care center, and in my absence. These steps may include, but are not limited to the following:

- 1. Attempt to contact me
- 2. Call paramedics

I release the DWWCCCC and its agents from any liability for decisions made in good faith in obtaining or administering such emergency treatments.

I understand that I am responsible for providing all information pertinent to the care of my child(ren) at the time of enrollment and that the DWWCCCC will not be responsible for anything that might happen as a result of missing or false information given at the time of enrollment.

To protect my child(ren), rigorous health standards are maintained. Hand washing and a "health check" will be required upon entry. Because of these health standards, I understand that the DWWCCCC is not able to provide care for children who are at any contagious stage of illness. Children who are taking antibiotics for less than 24 hours or have taken any over-the-counter medications within 24 hours may not be admitted.

I understand it is my responsibility to sign my child(ren) in upon arrival and out upon departure. No other person may be authorized to pick up my child(ren).

I understand that every attempt will be made to contact me in the event of an emergency requiring medical attention for my children:

However, if I cannot be reached, I hereby authorize the transport my child(ren) to the nearest medical facility, and to	e DENVER WELCOME COURT CHILD CARE CENTER to secure for my child(ren) the necessary medical treatment.
My health provider/hospital is	
I understand the staff members in the DWWCCCC are traingive my child(ren) first aid and/or CPR when appropriate.	ned in the basics of First Aid and CPR and I authorize them to
I understand that medication will not be administered at	the DWWCCCC. This includes epi-pens, inhalers, etc.
I have read the DWWCCCC authorization and consent form	and am in agreement with them.
Parent/Guardian Signature:	Date:
	EASE INFORMATION
1. Name	Phone Number
Relationship to child	
2. Name	Phone Number
Relationship to child	
If no emergency contact is provided, I understand that custody of Denver Human Services.	should I fail to return my child(ren) will be placed in the
Parent/Guardian Signature:	Date:

Returnee Docket Name				Courtroom				
Role: 🗆	Plaintiff	Defendant	□Witness	Juror	□w/D	□w/P		
Child(re	n) Names							
			DENVER W			E COUR'	CHILD CARE CENTER CIES	
1.		WCCCC capac space available		dren from	age 6 w	eeks - 11	years. If the center is full, you may stay with your child unti	
2.	schedule	d appointment	t. The center i	s closed f	rom 12:0	00 p.m. to	ugh Friday. Clients may check-in 15 minutes prior to thei 1:00 p.m. for lunch. Children will need to be picked up during prior to the afternoon start time.	
3.	For your	child's safety a	and protection	, the perso	on who s	igns the cl	nild in to the center must sign the child out of the center.	
4.		reason you n going off prem			oremises	for other	than court business, you must take your child with you. This	
5.	Unless o	therwise noted	d, the courtroo	m will be	called if a	a child has	been here longer than 3 hours.	
6.	Person v	f your child is not picked up by 5:30 p.m. and/or no contact has been made, it is understood that the Emergency Contact Person will be contacted and will be authorized to pick up your child. If the Emergency Contacts cannot be reached, the Denver Crisis Center will be contacted after 6:00 p.m. to pick up your child.						
7.	Any child	l who has a co	ntagious dise	ase will no	t be allo	wed in the	center. This includes head lice.	
8.	Children last 24 h	dren will not be admitted who are taking antibiotics for less than 24 hours and/or over-the-counter medications within the 24 hours.						
9.	If a child	cries longer th	an 20 minutes	s, the cour	troom wi	ill be called	and you will be asked to return.	
10.	The cent	er will obtain m	nedical care fo	or your chi	ld in cas	e of an em	ergency.	
11.	In accord	lance with stat	e law, the DW	WCCCC	must rep	ort any su	spected child abuse or neglect.	
12.	Only those persons having court business are authorized to use the Denver Warm Welcome Court Child Care Center. It is understood that the information given may be verified with the court.							
13.		The DWWCCCC is not responsible for any lost or stolen items left at the center. The center will do its best to keep all of you child's items together during their visit at the center. Please take all valuables with you.						
14.		lerstood that y tative sign you					business is finished. Please make sure to have a cour	
I have re	ead and u	nderstand thes	se policies.					
Check i	n time:					CI	neck out time:	
Signatu	re of Pare	nt/Guardian				Si	gnature of Parent/Guardian	

Staff Signature:

Director's Signature:

Date: _____

1.	Child's Name					
	Date					
	Diaper Changes				Naps	
	Time Changed	<u>Wet</u>	<u>Dry</u>	<u>BM</u>	<u>From</u>	<u>To</u>
					<u> </u>	
			<u>-</u>			
	Time Fed/Ate at				Snack	
2	Child's Name					
۷.	Date					
	Diaper Changes				Naps	
	Time Changed	<u>Wet</u>	<u>Dry</u>	<u>BM</u>	From_	<u>To</u>
	<u>rime Griangea</u>	<u> </u>	<u> </u>	<u> </u>	<u>- 10111</u>	<u>10</u>
	Time Fed/Ate at				Snack	
3.	Child's Name					
	Date					
	Diaper Changes				Naps	
	Time Changed	<u>Wet</u>	<u>Dry</u>	<u>BM</u>	<u>From</u>	<u>To</u>
					<u> </u>	
	I ime Fed/Ate at					

DENVER WARM WELCOME COURT CHILD CARE CENTER SUNSCREEN PERMISSIONS

Date:	
Name of Child(ren):	
school-ages) enrolled at the Denver Warm Weld all exposed areas including face, tops of ears,	equirements, all children (infants, toddlers, preschoolers and come Court Child Care Center must have sunscreen applied to bare shoulders, arms, legs and feet 15 - 30 minutes before will not be applied to any broken skin or if a skin reaction has taff will be reported to the parent/guardian.
Denver Warm Welcome Court Child Care Center	r will provide NO-AD Sunscreen SPF 30/45.
I understand that sunscreen WILL be applied to	my child.
Parent/Guardian Signature	Date
Care Center from any liability if my child gets a	ren). I hereby release the Denver Warm Welcome Court Child sunburn, sun poisoning or any other sun related illness while illd(ren) may go outside and be exposed to the sun while at the
Parent/Guardian Signature	