RNF	Sunscreen

## **DENVER WARM WELCOME COURT CHILD CARE CENTER**

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

Today's Date		Refer	Referred by (Court Agency/Department)						
Tir	me Service is needed		Role: Plaintiff	□Defendant	□Witness	□Juror	<b>□</b> w/D	□w/F	
Co	ourt Location								
Na	ame and Address of Parent(s)/G	uardian							
Na	ame				Phone Numb				
Ac	ddress				Date of Birth				
Cit	ty State	e	Zip Code						
1.	Child's Name:			C	ate of Birth:				
	Allergies: ☐ Yes ☐ No To V	Vhat?							
	Any Medication ☐ Yes ☐ N	lo Name	of Medication						
	Any Medical/Physical Restricti	ons?		C	Current Immu	nizations'	? 🛚 Yes	s □ No	
	Eating Habits:			Sleeping Habits					
	Toileting Habits:			Ethnicity:		Sex: [	⊒ м 🖵 ғ	Ξ	
2.	Child's Name:			D	ate of Birth:				
	Allergies: ☐ Yes ☐ No To V	Vhat?							
	Any Medication ☐ Yes ☐ N	lo Name	of Medication						
	Any Medical/Physical Restricti	ons?		C	Current Immu	nizations'	? □ Yes	oN 🖵 s	
	Eating Habits:			Sleeping Habit	S				
	Toileting Habits:			Ethnicity:		Sex: [	<b>□</b> M □ F	Ξ	
3.	Child's Name:			D	ate of Birth:				
	Allergies: ☐ Yes ☐ No To V	Vhat?							
	Any Medication ☐ Yes ☐ N	lo Name	of Medication						
	Any Medical/Physical Restricti	ons?		C	Current Immu	nizations'	? 🛚 Yes	s □ No	
	Eating Habits:								
	Toileting Habits:			Ethnicity:		Sex: [	⊒м□ ғ	=	

## 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 DENVER WELCOME COURT CHILD CARE CENTER to transport my child(ren) to the nearest medical facility, and to secure for my child(ren) the necessary medical treatment.						
My health provider/hospital is						
I understand the staff members in the DWWCCCC are trained give my child(ren) first aid and/or CPR when appropriate.	ed 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:						
EMERGENCY RELE	ASE INFORMATION					
1. Name	Phone Number					
Relationship to child						
2. Name	Phone Number					
Relationship to child						
If no emergency contact is provided, I understand that scustody 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		
		Defendant					
4	The DIAM	MCCCC acres		F	PROGR	AM POL	
1.		available.	city is 20 chilai	en from a	ge 6 wee	rks - 11 ye	ars. If the center is full, you may stay with your child until there
2.	appointm	nent. The cente	er is closed fr	om 12:00	p.m. to	1:00 p.m.	riday. Clients may check-in 15 minutes prior to their scheduled for lunch. Children will need to be picked up during this time ne afternoon start time.
3.	For your	child's safety a	and protection	, the perso	on who s	igns the c	hild in to the center must sign the child out of the center.
4.		reason you n going off prem			remises	for other	than court business, you must take your child with you. This
5.	Unless o	therwise noted	d, the courtroo	m will be o	called if a	a child has	been here longer than 3 hours.
6.	will be co		vill be authoriz	ed to pick	up your	child. If th	en made, it is understood that the Emergency Contact Persor e Emergency Contacts cannot be reached, the Denver Crisis
7.	Any child	l who has a co	ntagious disea	ase will no	t be allov	wed in the	center. This includes head lice.
8.	Children last 24 h		mitted who ar	e taking a	ntibiotics	for less t	han 24 hours and/or over-the-counter medications within the
9.	If a child	cries longer th	an 20 minutes	s, the cour	troom wi	II be calle	d and you will be asked to return.
10.	The cent	er will obtain m	nedical care fo	or your chi	d in case	e of an em	nergency.
11.	In accord	dance with stat	e law, the DW	WCCCC	must rep	ort any su	spected child abuse or neglect.
12.	-	ose persons having court business are authorized to use the Denver Warm Welcome Court Child Care Center. It is bood that the information given may be verified with the court.					
13.		NCCCC is not responsible for any lost or stolen items left at the center. The center will do its best to keep all of your tems together during their visit at the center. Please take all valuables with you.					
14.		rstood that you card when lea			your cou	urt busine:	ss is finished. Please make sure to have a court representative
I have re	ead and u	nderstand thes	se policies.				
Check ir	n time:					С	heck out time:
Signatu	re of Pare	nt/Guardian				S	gnature of Parent/Guardian

Staff Signature:

Director's Signature:

Date: \_\_\_\_\_

1.	Child's Name					
	Date					
	Diaper Changes				Naps	
	Time Changed	Wet	<u>Dry</u>	<u>BM</u>	<u>From</u>	<u>To</u>
					<u> </u>	
	Time Fed/Ate at					
2.						
	Date				None	
	Diaper Changes	\\/ot	Dny	DM	Naps	To
	Time Changed	<u>Wet</u>	<u>Dry</u>	<u>BM</u>	<u>From</u>	<u>To</u>
	Time Fed/Ate at				Snack	
3.	Child's Name					<u></u>
	Date					
	Diaper Changes				Naps	
	Time Changed	<u>Wet</u>	<u>Dry</u>	<u>BM</u>	<u>From</u>	<u>To</u>
					<del>_</del>	
	Time Fed/Ate at					· · · · · · · · · · · · · · · · · · ·

## DENVER WARM WELCOME COURT CHILD CARE CENTER SUNSCREEN PERMISSIONS

Date:									
Name of Child(ren):									
n accordance with Colorado State licensing requirements, all children (infants, toddlers, preschoolers and chool-ages) enrolled at the Denver Warm Welcome Court Child Care Center must have sunscreen applied to ll exposed areas including face, tops of ears, bare shoulders, arms, legs and feet 15 - 30 minutes before outdoor ctivities (YEAR ROUND). Sunscreen will not be applied to any broken skin or if a skin reaction has been bserved. Any skin reaction observed by staff will be reported to the parent/guardian.									
Denver Warm Welcome Court Child Care	Center will provide NO-AD Sunscreen SPF 30/45.								
I understand that sunscreen WILL be app	ed to my child.								
Parent/Guardian Signature	Date								
Care Center from any liability if my child	child(ren). I hereby release the Denver Warm Welcome Court Cl gets a sunburn, sun poisoning or any other sun related illness wl my child(ren) may go outside and be exposed to the sun while at	hile							
Parent/Guardian Signature	 Date								