

Release & Assumption of Risk Form

In consideration of my child's participation in a Sunset Zoo summer camp and/or Adventure Camp program, I _____ (parent/guardian name) agree to release, discharge, indemnify, defend, hold harmless and covenant not to sue, on behalf of myself and my minor child, _____ (child's name), and our heirs, legal representatives, assigns, executors and administrators, the Sunset Zoo and/or the City of Manhattan, Kansas (collectively, "City"), including the City's officers, agents, and employees, from and against any and all liabilities, claims, penalties, losses or expenses (including attorneys' fees), of any kind or nature whatsoever, related to bodily injury, property damage or other form of injury or loss to myself or my minor child, caused by any act or omission of the City or its officers, agents or employees, or another participant in a Sunset Zoo summer camp and/or Adventure Camp program, or otherwise related to my child's participation in a Sunset Zoo summer camp and/or Adventure Camp program.

I understand and agree that animals are kept on Sunset Zoo grounds and may visit Sunset Zoo summer camp and Adventure Camp programs. I acknowledge and accept the risks, for myself and my minor child, and our heirs, legal representatives, assigns, executors and administrators, that are created by the presence of these animals, as well as the risk created by all other activities of a Sunset Zoo summer camp and Adventure Camp program.

I have carefully read this form, and I understand that it is a full release of all liability, and assumption of risk, and I sign it willingly in order for my minor child to participate in a Sunset Zoo summer camp and/or Adventure Camp program.

Parent/Legal Guardian Signature

Date



FOR OFFICE USE ONLY

Date Rec'd: _____

Pick Up Authorization

I. Child

Name: _____
Last First Middle

Nickname: _____ Date of Birth: _____ / _____ / _____ Sex: _____
Month Day Year

II. Adults Authorized to Pick Up Above Mentioned Child **(At least one adult other than a parent/guardian is required in case of emergency)**

Name: _____ Relation: _____
Last First

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Work Phone: _____

Name: _____ Relation: _____
Last First

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Work Phone: _____

Name: _____ Relation: _____
Last First

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Work Phone: _____



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license. <u>Sunset Zoological Park</u>	License # <u>0062138-013</u>
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I hereby authorize _____ (Name of individual/staff member) and/or _____ (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ and until termination.
MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of <u>Kansas</u> County of _____
Signed or attested before me on _____ by _____ MM/DD/YYYY Name of Person
(Seal, if any.)
Signature of notarial officer _____
Title (and Rank) _____
My appointment expires: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
 Medical Assistance Program _____ Card Number _____
 Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____ Name of Child Care Facility Sunset Zoological Park

Child's Name _____ Date of Birth _____ Gender _____
First Last MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Work Address _____
Street City Zip Code

Work Address _____
Street City Zip Code

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Names and ages of children in family _____

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? No Yes, as follows:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL 010.

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Frequent sore throats/colds | <input type="checkbox"/> Ear Aches |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Speech, Visual, Hearing | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Other _____ | |

If yes answered to any above, please provide additional information _____

Have there been major changes at home that might affect your child in care? No Yes, as follows: _____

Please provide additional information or special instructions that will help the person caring for your child. _____

Parent/Guardian Signature: _____ Date: _____



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Sunset Zoological Park			License # 0062138-013		
Street Address of the Facility 2331 Oak Street		City Manhattan	Zip Code 66502	County Riley	

_____ may go to the following locations off the premises with adult supervision:
First and Last Name of Child or Youth

Place Sunset Zoo Grounds	Street Address 2333 Oak Street	City Manhattan	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Sunset Zoo Field	Street Address Oak Street	City Manhattan	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Linear Trail	Street Address Oak Street	City Manhattan	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Sunset Park	Street Address Oak Street	City Manhattan	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my school age child _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) without adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Polio (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Section II. Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(d)].

The following two options are the **ONLY** exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child's life:
 Exempt from following immunizations:
 ___DTaP/DT ___Tdap/TD ___Pertussis Only ___Polio ___MMR ___HepA ___HepB ___Hib
 ___PCV ___Varicella ___Other

Physician's Signature (required): _____ Date: _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ Date: _____

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

Child's Name _____ **Date of Birth** _____
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: IN/CM %ILE		Weight: LB/KB %ILE
Physical Examination	<input checked="" type="checkbox"/> If Normal	If Abnormal - Comments
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardio/Respiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		
Screening Tests	Screening Date	Note Here if Results are Pending or Abnormal
Lead		
Anemia (HGB/HCT)		
Urinalysis (UA)		
Hearing		
Vision		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)
 None

Signature of Licensed Physician or Nurse approved for Child Health Assessments	Date
Print the Name of the Individual Signing Above	Phone Number
Address	City
Zip Code	

Photo Release Form

I, _____ (parent/legal guardian name), grant the Sunset Zoo and the City of Manhattan, Kansas, (collectively "the City"), the permission to allow City officers, agents or employees, to photograph, film or record my child, _____ (child's name), who is under 18 years of age, while he or she is participating in education programs at Sunset Zoo.

I agree that the City may, now and in perpetuity, use such photographs, videos, films or recordings for standard City purposes, including but not limited to promotion, education, publicity, website and social media, development, fundraising, publication and presentation, in all media formats.

I agree that all such photographs, videos, films or recordings, when made by the City, are the City's property, and the City solely owns the copyrights or interests thereto. I waive any right to inspect or approve the photographs, videos, films or recordings. My permission is irrevocable and royalty-free.

I release, discharge, hold harmless and covenant not to sue the City, including its officers, agents, or employees, from any and all liabilities, claims, injuries, damage or demands arising out of, or in connection with, the City's use of my child's image, likeness, voice and appearance as described herein.

I agree that the terms of this permission and release form are binding on my minor child and me, and the heirs, legal representatives, assigns, executors and administrators of my minor child and me.

Parent/Legal Guardian Signature

Date

Artwork Release

I, _____ (parent/legal guardian name), on behalf of my child, _____ (child's name), who is under 18 years of age, grant Sunset Zoo and the City of Manhattan, Kansas, (collectively "the City"), permission to allow City officers, agents and employees to use any and all pictures, writings, drawings, sculptures, digital graphic images and any other item or method of expression created by my child while he or she is participating in education programs at Sunset Zoo (hereinafter referred to as "Artwork").

I agree that the City may, now and in perpetuity, use and/or exhibit such Artwork for City purposes, including but not limited to promotion, education, publicity, website and social media, development, fundraising, publication and presentation, in all media formats.

I acknowledge that the City is not responsible for the content of the Artwork and is not liable for the infringement of any intellectual property rights, including protected copyrights, which may be committed by the Artwork. While the City may choose to retain the Artwork following the conclusion of the educational activities on any given day, I grant the City permission to dispose of and/or destroy the Artwork produced during any education programs at Sunset Zoo at the conclusion of the day during which said Artwork is produced. I understand and acknowledge that neither I nor my child has any expectation of privacy concerning any Artwork and I know that other individuals who may or may not be associated with the City will have access to the Artwork from time to time. I understand that some Artwork is created with, and contained on computers owned by the City, and while the City is under no obligation to make the Artwork available to be taken home by my child or retained or accessed electronically, the City may, at its sole discretion from time to time, make the Artwork available for my child to take home or retain or access electronically.

I agree that the terms of this permission and release form are binding on my minor child and me, and the heirs, legal representatives, assigns, executors and administrators of my minor child and me.

Parent/Legal Guardian Signature

Date



**Guidelines for Exclusion of Children (or Staff Working With Children) Who Are Ill
As Recommended in *Caring for Our Children: National Health and Safety
Standards: Guidelines for Out-of-Home Child Care Programs (Third Edition)***

When formulating exclusion policies, it is reasonable to focus on the needs and behavior of the ill child and the ability of staff in the out-of-home child care setting to meet those needs without compromising the care of other children in the group.

Children with fever are managed differently in child care. The presence of fever alone has little relevance to the spread of disease and may not preclude a child's participation in child care. A small proportion of childhood illness with fever is caused by life-threatening diseases, such as meningitis. It is unreasonable and inappropriate for child care staff to attempt to determine which illnesses with fevers may be serious. The child's parents or legal guardians, with the help of their child's health care provider, are responsible for these decisions. Parents should be notified anytime a child has a fever.

A facility should not deny admission to or send home a child because of illness unless one or more of the following conditions exists. The parent, legal guardian, or other person authorized by the parent should be notified immediately when a child has a sign or symptom requiring exclusion from the facility, as described below:

- 1) **The illness prevents the child from participating comfortably in facility activities;**
- 2) **The illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other children; or**
- 3) **The child has any of the following conditions and poses a risk of spread of harmful diseases to others:**
 - A. An acute change in behavior including lethargy/lack of responsiveness, irritability, persistent crying, difficulty breathing, uncontrolled coughing, noticeable (spreading) rash, or other signs or symptoms of illness until medical evaluation indicates inclusion in the facility.
 - B. Fever (temperature above 101 degrees Fahrenheit orally, above 102 degrees Fahrenheit rectally, or 100 degrees or higher taken auxiliary (armpit)) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea). Oral temperature should not be taken on children younger than 4 years (or younger than 3 years if a digital thermometer is used). Rectal temperature should be taken only by persons with specific health training.
 - C. Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper until diarrhea stops; blood or mucus in the stools not explained by dietary change, medication, or hard stools.
 - D. Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration.
 - E. Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness.
 - F. Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious.
 - G. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease.
 - H. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after treatment has been initiated.
 - I. Untreated scabies, head lice, or other infestation.
 - J. Untreated Tuberculosis, until a health care provider or health official states that the child can attend child care.
 - K. Known contagious diseases while still in the communicable stage (chicken pox, streptococcal pharyngitis, rubella, pertussis, mumps, measles, hepatitis A).