



2023-24 Back-to-School Forms

JrK

Please complete all included forms by August 7th and submit one of two ways:

Submit via email to Front Office Manager, Marissa Flores at
marissa.flores@merryhillschool.com

OR

Print and drop off at front desk between 8-4PM Monday-Friday



STUDENT EMERGENCY/MEDICAL INFORMATION CARD

(Must be completed in entirety each school year and submitted prior to the first day of school)

STUDENT INFORMATION:

Student Name: _____

Grade: _____ Age: _____ Birthdate: _____

Street Address: _____ City: _____ Zip: _____

Primary Contact Phone: _____ Secondary Phone: _____

Ethnicity: _____ Resides with: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Employer: _____ Position: _____

Work Address: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent/Guardian Name: _____

Employer: _____ Position: _____

Work Address: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

EMERGENCY CONTACTS & PICK UP AUTHORIZATION:

In case child listed above needs to be picked up by someone other than myself, becomes ill, or is injured at school and I cannot be contacted, the school authorities have my permission to grant and release my child to the custody of one of the following:

Emergency Contact #1 Name: _____

Relationship: _____ Contact Number: _____

Emergency Contact #2 Name: _____

Relationship: _____ Contact Number: _____

Emergency Contact #3 Name: _____

Relationship: _____ Contact Number: _____

Emergency Contact #4 Name: _____

Relationship: _____ Contact Number: _____



MEDICAL INFORMATION:

Insurance Name & Member Number: _____

Health Care Provider Phone Number: _____

My child has:

____ No known medical conditions

____ Major medical issues*: _____

____ Medications taken regularly: _____

____ Allergies/Allergic* to: _____ Treatment: _____

*For severe allergic reactions or other more severe medical issues, an accommodation plan is required along with required forms outlining instructions for emergency situations (i.e.: administering an epi-pen injection). See below.

ALLERGY PRECAUTIONS (if applicable):

The allergy can be prevented by: _____

Peanut allergies: _____ My child has an airborne peanut allergy and cannot be near, touch, or ingest peanuts.

_____ My child can be in a facility with peanuts but cannot ingest them.

ALLERGIC REACTIONS (if applicable):

Reaction symptoms: _____

Date of last reaction: _____ Action taken: _____

____ Requires epinephrine

***ALLERGIC REACTION RESPONSES:**

If your child has a severe food allergy*, [click here](#) to access the required action plan form. This must be submitted with medication prior to the start of school. For students requiring an epi-pen: an epi-pen must be provided to the front office prior to the student being dropped off.

OTHER CONDITIONS - If your child has a medical condition* requiring specific administration of medication or emergency action plans, procedures must be in writing from the doctor and provided to the school prior to the first day of school.

*These circumstances require accommodations on the part of the school. An accommodation action plan will be created by the school and requires parent signature.

CONSENT:

I give my consent for the school to follow the procedures outlined above. If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for the school to take appropriate action for the safety and welfare of my child.

Parent/Guardian Signature (Required)

Date



STATE LICENSING PAPERWORK (ADDITIONAL REQUIREMENTS)

Required prior to child's first day. If previously submitted for summer 2023, it is not required to resubmit.

- **PHYSICIAN'S REPORT:** [Physician's Report](#) (LIC701) Requires physicians signature.
- **CHILD'S HEALTH HISTORY, PARENTS' REPORT:** [Childs' Health History, Parents' Report](#) (LIC702)
- **IDENTIFICATION & EMERGENCY INFORMATION:** [Identification & Emergency Info Form](#) (LIC700)
- **CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS** (LIC995) – Attached: submit bottom section only, keep top section of form for records.
- **PERSONAL RIGHTS:** (LIC613A) – Attached: submit bottom section only, keep top section of form for records.
- **CONSENT FOR MEDICAL TREATMENT:** [Consent for Medical Treatment](#) (LIC627)

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services Community Care License
 Licensing Office Address: 2525 Natomas Park Drive, Suite 250, Sacramento, CA
 Licensing Office Telephone #: 916-263-5744

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. Merryhill Midtown
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Department of Social Services Community Care License

ADDRESS

2525 Natomas Park Drive, Suite 250, Sacramento, CA

CITY

Sacramento

ZIP CODE

95833

AREA CODE/TELEPHONE NUMBER

916-263-5744

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Merryhill Midtown

(PRINT THE ADDRESS OF THE FACILITY)

2600 V St. Sacramento, CA 95818

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)