

# MAKING A DIFFERENCE TOGETHER

## Essential Worker Child Care

**MARCH 23 – MAY 1, 2020 6:30 AM TO 6:00 PM**

The YMCA is proud to partner with the Morgan Hill Unified School District in providing child care to essential workers during the duration of the county wide school closures. The Y will provide a program for staff in need from March 23 to May 1, 2020.

Morgan Hill Unified School District will be providing; breakfast, lunch and an afternoon snack to all campers. If your camper needs a laptop for homework, parents need to provide that technology.

Direction from the Public Health Department is that Homecare or Neighbor care are the preferred method of childcare to control community spread. For the families that do not have this option, we are happy to provide this service.

### LOCATION

**Barrett Elementary School**  
895 Barrett Ave  
Morgan Hill, CA 95037

**COST** \$200 / week  
20% sibling discount

**AGES** 4-16 yrs old

### FOR MORE INFO PLEASE CONTACT

**LOVEDEEP GRISWOLD-SAHOTA**  
Associate Executive Director  
408-513-3178

**MAIA SKREEN**  
Program Director  
408-762-6017

### THE PROGRAM INCLUDES:

- Time for students to complete school assignments
- Age specific small groups of a maximum of 10
- Social Distancing during activities
- Arts and Crafts
- Non touch games and activities
- STEM hands on activities
- Outdoor play on Morgan Hill Unified School District Property



**MT. MADONNA** 171 W. Edmunson Ave, Morgan Hill CA 95037 | 408-762-6000 | [www.mtmadonnaymca.org](http://www.mtmadonnaymca.org)



# Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, equipment, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participation by children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has reviewed, or immediately upon entering or participating will more thoughtfully review, and has carefully considered such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, OR UTILIZING ANY ON-LINE OR IN PERSON SERVICES OFFERED BY OR AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "Releasees") from all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children, whether caused by the negligence of the Releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using the facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the Releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of Releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY AGREES, by participating in the YMCA Nationwide Membership Program, to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and self-governing member associations in the United States and Puerto Rico, from any and all claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.
5. THE UNDERSIGNED HEREBY AGREES TO THE YMCA PRIVACY POLICY, which can be found at [www.ymcasv.org/privacy](http://www.ymcasv.org/privacy)

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE.**

**X**  
 Signature of Applicant/Parent \_\_\_\_\_ Date \_\_\_\_\_

**X**  
 Signature of Applicant/Parent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Print Name of Child in Program

\_\_\_\_\_  
 Print Name of Child in Program

\_\_\_\_\_  
 Member #

\_\_\_\_\_  
 Print Name of Applicant/Parent

\_\_\_\_\_  
 Print Name of Applicant/Parent

\_\_\_\_\_  
 Print Name of Child in Program

\_\_\_\_\_  
 Print Name of Child in Program

# YMCA CONFIDENTIAL HEALTH HISTORY AND CONSENT FORM

Child's Name: First:		Last:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Address:			Home Phone:		
Birthdate:     /     /		School:		Grade (in the Fall of this year):     Age:	
Height:		Weight:		Hair Color:	
Eye Color:		Birthmarks/scars:			
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> African American	<input type="checkbox"/> Native American	<input type="checkbox"/> Other
Parent/Guardian Legal Name 1:			Address:		
Home Phone:		Cell Phone:		E-mail:	
Employer:			Work Phone:		
Parent/Guardian Legal Name 2:			Address:		
Home Phone:		Cell Phone:		E-mail:	
Employer:			Work Phone:		

## EMERGENCY CONTACTS WITH PERSONS AUTHORIZED TO PICK UP CHILD

In the case of an emergency, we will always contact the parent/guardian first. In the event a parent/guardian cannot be reached, we will contact other friends/relatives. No adults other than the parent/guardian or people listed below can pick up your child from our program without a legibly written, dated and signed note from the parent/guardian.

Name:	Cell Phone:	Alternate #:	Relationship:
Name:	Cell Phone:	Alternate #:	Relationship:
Name:	Cell Phone:	Alternate #:	Relationship:
Name:	Cell Phone:	Alternate #:	Relationship:

## MEDICAL CAREGIVERS (INFORMATION REQUIRED BY STATE LAW)

Family Physician:		Preferred Hospital:	
Doctor's Phone:		Doctor's Address:	
Family Dentist:		Dentist's Phone:	
Dentist's Address:			
Medical Insurance Company:		Policy #:	
*Immunization History: Tetanus: (MONTH/YEAR)		Tuberculin (TB) Test: (MONTH/YEAR)	MMR: (MONTH/YEAR)
			DPT: (MONTH/YEAR)

If you **do not** have medical insurance for your child, please sign here:

**PRESCHOOL PARTICIPANTS:** A health examination is required by a licensed physician on a LIC 701 form with a copy of your child's immunization record.  
**YMCA CAMP CAMPBELL – SUMMER OVERNIGHT CAMP PARTICIPANTS:** A copy of your child's current immunization record is required. A health examination is required by a licensed physician within 12 months of attending camp.

## MEDICAL HISTORY

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Celiac Disease
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Currently under Dr. Care	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Ear Infection	<input type="checkbox"/> German Measles
<input type="checkbox"/> Head Lice	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Measles	<input type="checkbox"/> Migraines	<input type="checkbox"/> Psychological Conditions
<input type="checkbox"/> Recent Hospitalization	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Tuberculosis	

List Other Medical History Here:

## Allergies:

<input type="checkbox"/> Pollen	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Poison Oak	<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Bee Sting Kit
<input type="checkbox"/> Foods	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Other Insect Stings	<input type="checkbox"/> Other Drugs	<input type="checkbox"/> Other Allergies?

List Other Allergies Here:

List Dietary Restrictions Here:

Any reason to restrict strenuous activity such as swimming, long hikes, strenuous games, roller coaster rides? ☐ YES ☐ NO

If yes, please explain:

List any past serious medical treatment such as operations, injuries or restrictions on physical activities:

Is your child currently involved in therapy? ☐ YES ☐ NO Please explain:

Does your child require special accommodations? ☐ YES ☐ NO Please explain:

**If your child has special needs, please let us know during enrollment. We want to provide the best environment for everyone and will make reasonable accommodation to fully include every child in activities. Failure to inform the Y at time of enrollment may result in a delayed program start date as we work to provide the appropriate accommodations.**

## MEDICATION DISBURSEMENT AUTHORIZATION

If your child is currently taking prescription medications, complete this section. For your child's protection, our staff cannot administer medication without this form. Any medicines that you give us for your child must be in the original container with dosage directions and/or doctor's instructions clearly labeled. Medication will be administered and documented according to directions on the bottle or by a doctor's instructions.

Medical Condition:

Medication: Amount to be given: When:

Comments or Instructions:

Parent/Guardian Signature: Date:

### YMCA Camp Campbell Participants and Family Resident Campers:

**I authorize the following over-the-counter medications to be administered as needed:**

☐ Benadryl ☐ Calamine Lotion ☐ Chloraseptic ☐ Cough Drops ☐ Claritin, Antihistamine  
☐ Ibuprofen ☐ Neosporin ☐ Pepto Bismol ☐ Tylenol ☐ Other:

List current medications purpose:

## SWIMMING/SUNSCREEN INFORMATION

Some YMCA programs may include swimming activities with certified lifeguards on duty. For your child's safety, every child with permission to swim, regardless of swimming ability, will have to take a YMCA swimming test prior to swimming.

My child has permission to participate in YMCA swimming activities. ☐ YES ☐ NO

The **YMCA staff may apply sunscreen** to my child's exposed skin (not covered by clothing/swimsuit), as needed. ☐ YES ☐ NO

## PHOTO/VIDEO RELEASE

I hereby consent to and authorize the use and reproduction of any and all photographs and video which have been taken of my child for the promotional purposes of the YMCA, or anyone authorized by the YMCA. I understand I receive no reimbursement for allowing my child's photo or video to be taken and the use of the photo or video.

## MEDICAL RELEASE

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I assume that the YMCA of Silicon Valley assumes no financial obligation for such treatment but, in the event that I cannot be reached for an emergency, I hereby give permission to the physician selected by the YMCA to order X-rays, routine tests, and secure proper treatment, hospitalize, and to order injections/and/or anesthesia and/or surgery and emergency treatment for my child as named on this form. All immunizations required for school are up to date unless I have signed that I do not immunize my child.

**I agree to and understand the following guidelines:** Participants agree to abide by the rules and regulations set by the YMCA for the health, safety, and welfare of all children. Children are not allowed to smoke, chew tobacco, possess any smoking materials, alcohol, illegal drugs, firecrackers or explosives, weapons, use lewd conduct, and inappropriate touching of any kind. Willful destruction of property will be the financial responsibility of the child's parent. Children may not leave the property or established boundaries without YMCA staff permission.

YMCA of Silicon Valley reserves the right and will send anyone home (at parents'/guardians' expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the child. The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

Parent's/guardian's signature is required on the Photo Release, Medical Release and agreement to follow YMCA policies and guidelines in order for your child to participate in the YMCA program.

PARENT/GUARDIAN/CUSTODIAL ADULT SIGNATURE: 

DATE:

## ADDENDUM TO THE YMCA PARENT HANDBOOK

### Welcome!

We are so happy you and your child will be joining us for our special camp. We are glad you are here!

YMCA contact information:

### Morgan Hill YMCA Team:

Lovedeep Sahota-Griswold	<a href="mailto:lsahota@ymcasv.org">lsahota@ymcasv.org</a>	408-513-3178
Maia Skreen -	<a href="mailto:Maia.Skreen@ymcasv.org">Maia.Skreen@ymcasv.org</a>	408-762-6017

Our YMCA has updated procedures to include considerations for the COVID-19 virus. Our procedures are informed by Public Health, Department of Social Services and County Office of Education orders and guidance.

### On Your First Day

Please arrive a little early on your child's first day as we need to review all paperwork before admittance. Staff will greet you and your child and will answer any questions you might have.

### Health and Safety Check Procedures

- Health Check Expectations before arriving to program
  - Parents please check your child's temperature before you leave for the program. If your child has a fever, please do not bring your child to the program.
    - If your child has a fever, we can accept your child into program 72 hours after the fever breaks without fever reducing medication.
  - Staff will not work in program if they have a fever or are feeling ill.
- Health Check Protocol upon arrival at program
  - A health check will be performed with every staff member and child before entering the program. Temperatures will be confidentially recorded before entry to the program. Each staff member and parent will be asked these questions and we will provide a daily form to complete with signature (that also records temperature).
  - You can expect the following questions to be asked by our director:
    - Do you live with anyone or have you had close contact (prolonged or coughed on, for example) with anyone who has been diagnosed with COVID-19 within the last 14 days?
    - Do you have a fever, cough and/or shortness of breath? For children, fever is 100 degrees for forehead thermometer, 99 degrees or higher with armpit thermometer or 99.5 with oral thermometer.
    - Any other signs of communicable illness such as a cold or flu?
    - Signs and symptoms will be excluded for program
      - 72 hours after fever breaks
- Health Check Monitoring Over the Course of the Day

- Monitoring children for signs of illness:
  - Illness - unable to participate in routine activities or need more care than staff can provide.
  - Fever with behavior changes, difficulty breathing, uncontrolled coughing, unusually tired, persistent crying, etc.
  - Diarrhea (within 24 hours after)
  - Vomiting (within 24 hours after)
  - Open sores, rash, signs of infection, etc.
  - Runny nose with colored mucous.
- Parent guardian agrees to come pick up their child if any symptoms are exhibited at program.
- We will establish a medical sick area at each site in case a child needs to wait for a parent or guardian to pick up.
- Every site will provide education on the signs and symptoms of this virus including handouts and signage.
- The following handwashing protocols will remain in place:
  - Before program
  - Before meals
  - After meals
  - Between program activities
  - Right before going home
- Sanitizing and cleaning
  - All hard surfaces will be cleaned at least four times per day. Tables will be wiped down before and after use.
- We ask that parents/guardians not group up around the camp facility. At the beginning and end of each day, you will be greeted in a central location and a staff member will walk you and your child to your assigned room. Health checks in the morning will occur in your child's room as well as sign in and out of program.

### **What we will do if COVID 19 case is confirmed on site**

#### Communication procedure

If we have a confirmed case of COVID 19 in our camp program, we will take the following steps:

- Notify families and staff of a confirmed/potential COVID-19 infection in the facility
- Protect personal identifiers of who had the confirmed case – we will not share names.
- We will share with you if your child has had close interaction with someone in his/her group who has displayed symptoms.

#### Infection Control Activities

- If the individual infected with COVID-19 spent time was in program and had close contact with others while ill, we will follow the guidance of the public health department. This may mean we will need to close the program for 14 days.
- If there is a confirmed case, we will initiate a deep cleaning of the facility.



- We need to ensure staff and families understand ill people should remain home until well and those with COVID-19-like symptoms should self-isolate until 14 days after symptom onset **OR** 7 days after their fever is gone and initial symptoms have improved, whichever is longer.

## **Program**

### *Meals*

#### Morgan Hill

Three meals will be provided by the Morgan Hill School District. This will be a light breakfast, lunch and a supper.

#### Program Structure

- Our ratio of staff to children will be two (2) staff to groups of ten (10) children. We will attempt to keep groups of children based on ages but if there are several children in a family, we need to group all children in the same family together.
- Each group will be assigned to their own rooms and specific restrooms.
- We will practice social distancing during activities and groups will not be mixed on the playground or in a room. Staff will remain with their group and will not switch between rooms or groups.
- Our outdoor activities will limit physical interactions and we will limit shared equipment. If equipment must be shared, it will be sanitized before and after each use.
- In our best case scenario, we will be able to assign each group their own equipment for use during the week.

#### Program Curriculum

We have lots of fun activities planned for this week. We will play games (practicing social distancing), do arts and crafts, explore and discover through STEM activities, play outside, and focus on homework assignments (with help from our staff). We are looking forward to a fun and engaging week!

#### Sign In and Out

All parents/guardians will be asked to sign their child in and out of program.

We will use a paper sign in and out instead of a tablet to help mitigate exposure.

#### Licensing

This is license exempt as it is a two-week camp.

#### **Remember CDC's health etiquette including:**

- Teach and remind children to cover coughs or sneezes with a tissue, then throw the tissue in the trash.
- Wash hands frequently for a minimum of 20 seconds with soap and water or hand sanitizer (if soap and water are not readily available).