



Child/Youth Name

Last

First

Middle

- Bel-Aire
- Estrella de Belen
- Pinelands
- Pneuma

- Wayside
- West Flagler Park

- John A. Ferguson
- Miami Central
- Felix Varela

CHILD'S MEDICAL INFORMATION

1) Please circle or fill-in anything that applies to your child in the chart below: N/A (Not Applicable)

Medication which affect: Learning, Physical Fitness Activities and Social Engagement	Food Allergies	Other Serious Allergies	Chronic Health Conditions	Physical Limitations which affect: Learning, Physical Fitness Activities and Social Engagement
<ul style="list-style-type: none"> <input type="checkbox"/> Antibiotics <input type="checkbox"/> Medication for chronic Health <input type="checkbox"/> Hyperactivity Medication <input type="checkbox"/> Other: _____ <input type="checkbox"/> _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Grass <input type="checkbox"/> Mosquitoes <input type="checkbox"/> Bee Stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Other: _____ <input type="checkbox"/> _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Seizures <input type="checkbox"/> Skin Condition <input type="checkbox"/> Seasonal Allergies <input type="checkbox"/> Reaction to Sunlight <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Other not listed above: _____ _____ _____ _____ _____

EXCEPT AS NOTED ABOVE, my child is in good health, has no medical, food, other chronic allergies or serious health conditions. My child does not take medication routinely and his/her immunizations are current. **If there is anything else you consider we need to know about, to better understand and provide the necessary help your child deserves, please speak to your Site Supervisor.** All information is kept confidential and stored in locked cabinets. By signing on the last page, I agree to the following.

Does Child Have Health Insurance? (ex., private insurance, KidCare, Medicaid) Yes No

Child's Insurance Information: (If child has no current insurance coverage, please write "not applicable" or "N/A")

Carrier: _____ Doctor's Name: _____ Phone Number: _____



CHILD'S EMERGENCY INFORMATION

I understand that every effort will be made to reach me for instructions if my child should become ill or injured while on the site or on a field trip. If in the judgment of the staff or a medical professional that any delay in reaching me might jeopardize my child's well-being, I hereby authorize the staff or medical professional to secure whatever medical treatment is deemed necessary, including the administration of anesthetics and surgery. **IN THE EVENT THAT NO ONE CAN BE CONTACTED, I GIVE PERMISSION FOR MY SON/DAUGHTER TO RECEIVE EMERGENCY MEDICAL TREATMENT.**

If you would like for us to follow a different emergency/medical procedure, please write it/explain below: (You can continue on the back of this page)

EMERGENCY / ALTERNATE PICK-UP CONTACT INFORMATION

Other phone numbers where I can be reached during the day: _____ / _____ / _____

If I cannot be reached, please contact my designated alternate(s) named below:

- | | | | |
|----|-------|-----------------------|------------------------------|
| 1. | _____ | _____ | _____ |
| | Name | Relationship to child | Cellular and/ or work number |
| 2. | _____ | _____ | _____ |
| | Name | Relationship to child | Cellular and/ or work number |

Please note: Any family or friends authorized to pick up your child, must have a valid picture ID for verification purposes. A copy of the ID will be taken by site staff and placed in the student's file for future confirmation. In the event that I, the legal guardian, am not able to pick up my child on time, I will call the Site Supervisor and will authorize her/him to release my child to the persons listed above

POLICY INFORMATION/CONSENT

Non-Discrimination Policy: Children who are 5 and have already attended or who are currently enrolled in kindergarten will be accepted into the Summer Camp and After-school program regardless of race, creed, immigration status, health, religion, disability, ethnicity or ability to pay for services. Children without documented legal status, or whose parents are without documented legal status will not be discriminated against for selection in these programs. As with the Miami-Dade County Public School system, all children are welcome. Children with severe physical, emotional or behavioral disabilities may find After-school/ Summer Camp programs specially designed to meet their needs through other programs, and every effort will be made to find the most suitable placement for each child.

Parental Consent:

By signing this application on the next page, I agree and certify to the following Children's Trust Requirements:

- 1) I acknowledge** that the application information and medical information I have provided above is true and complete to the best of my knowledge and ability.
- 2) As the legal guardian of _____, I authorize and give consent or I DO NOT authorize or give consent** to Hope for Miami's staff (HFM), and The Children's Trust (TCT) or other affiliated program service providers to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotapes recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes. Any such Recordings may reveal my identity through the image itself without any compensation to me, my children or my wards. With regard to the use of any Recordings taken of me, my children or my wards, I hereby waive any and all present and future claims I may have against TCT or HFM, their staff, service providers, employees, agents, affiliates and Board members.
- 3) I understand** that participation by my children in the Program sponsored by Hope for Miami, The Children's Trust and its partners involves physical education, meals, and off-site field trips. As these activities may carry some degree of risk to my child's physical and emotional health, I hereby release, hold harmless and waive all claims associated with out-of-school/summer camp program activities from HFM, and the program site and all employees, officers, directors, agents, and volunteers associated with the out-of-school/summer camp program.

4) **I understand** that no medications or medical equipment will be administered by the After-school/ Summer Camp personnel to my child. Also, I agree to provide instructions on how and when essential medicines or medical equipment should be administered if my child were to need assistance with it. (Please, refer to the HFM Family Handbook for more details).

5) As my child attends an Out-of-school program funded by the Children's Trust (either Summer Camp, After-school, or all programs), **I acknowledge** and understand that my child must adhere to all behavioral and policy driven rules and regulations the program sites require. Failure to abide by these rules may lead to suspension and or removal of the program. I also acknowledge receipt of a written **Family Handbook** for this current program year, which details policies and procedures regarding my child and the program.

6) While the Out-of-school program (either Summer Camp or After-school) may take place on the premises of a religious organization, the primary purpose of the program is academic enrichment and a safe environment during Afterschool/Summer Camp time. However, your child may be invited to participate in other church activities on the premises or to **receive optional religious instruction**. No Children's Trust funds will be used for teacher stipends, books, curriculum or other expenses related to religious instruction. Such instruction will be given by church ministers or volunteers. **Please select the box concerning Religious instruction:**

I authorize my child to participate. **Initial here:** _____ **I do not authorize** my child to participate. **Initial here:** _____

7) My child will be arriving and leaving from the site in the following manner:

Arrival to the site: By bus/van. Walking from school. With authorized person/relative.

With Parent/Guardian

Leaving from the site: By bus/van. Walking from school. With authorized person/relative.

With Parent/Guardian

I do not give permission, under any circumstances, for my child to leave the program site with _____.

Relationship to child: _____. If possible, bring a picture to keep on file. **Child is allowed to go home with mother, father or legal guardian unless we have court documents stating otherwise due to custody battle or abuse. (Legal documentation must be provided).**

I agree to make every effort to ensure that my child participates in the program daily, unless he/she is too ill to attend. **I also agree** that I or my designated representative will **sign-out my child every day** he/she attends the program.

I understand that I am responsible to pick up my child at the end of the program day or arrange for an authorized person to pick up my child. Only those persons previously authorized in writing, may leave the premises with my child. I am aware of the **fees charged and or withdrawal policies** for parent tardiness on pick-up at the end of the day. For fee based sites, the late fee is \$1 per minute. The program ends at **6:00 PM** each day. I also understand that my child will be suspended from transportation and the program if the fees are not current.

I understand that I need to call the Out-of-school/Summer Camp site supervisor if my child is not attending on a particular day so that Supervisor is aware that my child will not be showing up on that day. I'm also aware of the absenteeism policies and the risks associated with excessive absences.

I understand that I am releasing the After-school/Summer Camp Program of any liability once my child has been dismissed from the program site.

I am signing that I have reviewed and agreed to all terms and conditions described and all the program standards, Policies and Procedures and Parent Handbooks:

Parent / Legal Guardian Signature

Date

ACCIDENTAL INJURY INSURANCE (Fee based sites)

If your child is enrolled in a program managed by Hope for Miami, they are covered for supplemental medical expenses should they have an accident **while participating in program activities, during regularly scheduled program hours**. If your family has medical insurance, this supplemental policy will cover some deductibles and uncovered expenses. If your family is uninsured, the child's medical expenses may be covered, if an injury were to occur (accidents only).

- Cost is \$ 10.00 per student. Money Order must be payable to Hope for Miami.
- Medical expenses for accidents in and out patient for a maximum of \$25,000.00
- \$100.00 deductible on this policy
- Includes \$10,000 Accidental Death benefit and Accidental Dismemberment benefit (should there be a serious injury).
- Coverage through July 24, 2026.

N/A: Not applicable for students attending a public school site M-DCPS

STAFF USE ONLY (MUST BE COMPLETED)

Family Handbook given: Yes No
(Please make sure parent signs the acknowledgment)

Child/Youth T-Shirt Size: Child XS S M L XL Adult S M L XL XXL

Form Verified by: _____

Date Verified: _____

Hope for Miami After-School and Summer Camp COVID-19 Procedures (2025-2026)

First and foremost, thank you for trusting us with your children. We are deeply honored you have chosen us to keep your child safe. Hope for Miami continues to monitor the local conditions concerning COVID-19 and will continue implementing strategies to minimize the spread of communicable diseases while maintaining a safe learning and growing environment.

Hope for Miami is dedicated to:

1. Continue to establish communication with local and state authorities to determine current mitigation levels in our community.
2. Protect and support staff, children, and their family members who are at higher risk for severe illness.

Safety Actions: Based on the medical guidance received, Hope for Miami has outlined preventive measures that will be implemented by taking the following safety actions steps:

Promote healthy hygiene practices

1. We will continue to reinforce washing hands (upon arrival to site, after using the restroom, sneezing, coughing, and before eating meals) and covering coughs and sneezes among staff (part of our Universal Precautions training for staff).
2. Although masks are optional, we will encourage and teach all staff and children to wear a face mask if there are experiencing any related signs or symptoms. We will also remind children not to touch the face covering and to wash their hands often.
3. We will have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer) and tissues.

Intensify cleaning, disinfection, and ventilation

1. Clean, sanitize, and disinfect frequently touched surfaces (for example, door handles, sink handles, drinking fountains), and shared objects between use.
2. Ensure the safe and correct application of disinfectants and store cleaning products away from children.
3. Ensure that ventilation systems operate correctly and increase the circulation of air flow as much as possible.

Monitoring and Preparing Check for signs and symptoms

1. Maintain an adequate ratio of staff to children to ensure safety.
2. Encourage staff to stay home if they are sick and encourage parents to keep sick children at home.
3. Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation and ensure that children are not left without adult supervision.
4. Inform anyone exposed to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop.
5. **Please Notify the site location immediately of any possible exposure or contact with someone with COVID-19.**

By signing this form, I acknowledge the highly contagious nature of COVID-19, as well as the resulting preventive measures that Hope for Miami, its community partners, employees, and representatives have put in place to help mitigate the spread of the virus. I understand the risk of becoming exposed to, or infected by, COVID-19 at any of the locations at which Hope for Miami conducts its in-person after-school or summer camp programs. This includes the risk of becoming infected as a result of the actions, omissions, or negligence of myself, program employees, volunteers, and program participants and the independent site locations.

Further, by signing this form I hereby agree and acknowledge that I—on behalf of myself and my child/participant—assume all risks associated with such participation, including but not limited to those risks associated with COVID-19. I give this release and waiver for my child/participant, myself, my heirs, successors and representatives. I agree to release and hold-harmless both Hope for Miami and the independent site location (along with all related entities and all of their related employees, agents and representatives), of and from

any liability for loss, damage, costs, claims, lawsuits and/or causes of action, arising out of any aspect of participation in the in-person afterschool programs offered by Hope for Miami. I understand and agree that in the event of any personal or bodily injury to the undersigned, I (on my own behalf or that of any other person) will not seek any type of recovery from, or bring any type of action whatsoever against, Hope for Miami and the independent site location, their officers, directors, employees, or agents. I hereby acknowledge and agree that the promises and representations made above are material and a necessary condition precedent to me being allowed to participate in Hope for Miami programs.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Print Name of Participant (s)