

# 2017-2018 Arizona LKC Parent Handbook



Community Education Department  
E-mail: [CommunityEducation@legacytraditional.org](mailto:CommunityEducation@legacytraditional.org)  
Phone: 480-270-5438 Ext. 1812

## Program Description and Student Eligibility

The Legacy Kids Care Program (LKC) provides a safe, structured, caring, enriching and affordable program led by Legacy Traditional School trained and experienced staff at all thirteen campuses. LKC is designed with our busy parents in mind; LKC students remain on-site, eliminating the need for additional transportation to a child care center. LKC students participate in fun educational activities, spend time with friends and receive homework assistance (afternoon sessions). LKC is available before and after school between the hours of 6:00 a.m. and 6:00 p.m. LKC will start on the first day of school and end on the last day of school. Space is limited, and will be offered on a first-come, first-serve basis. Options for LKC Programs include:

- Part-time before school or after school
- Full-time before school or after school
- Drop-in Days
- Day Camps
- Fall, Winter, Spring and Summer Camps

Legacy Kids Care is open to any currently enrolled student, Kindergarten through eighth grade (typically ages 5-14). 4 year olds may participate if they have been accepted into our Kindergarten program and are developmentally able to care for themselves.

The Legacy Kids Care program is not a licensed child care facility as defined by Arizona Revised Statutes section 36-882. As such, your child is free to check out and leave from the program site at any time. Staff cannot physically restrain a participant who is not authorized to walk home but is trying to walk home. If your child leaves, staff will begin calling the numbers listed on the registration form.

**It is very important for you to ensure that your contact information is listed correctly on the registration form.**

**We recommend that you read the entire LKC Policy and Procedures handbook. If you have any questions, please contact Community Education at 480-270-5438 Ext 1812 or call the campus directly.**



## Attendance

Children are expected to attend each of the days for which they are scheduled. If your child is going to be absent from the before school program, please notify the staff by phone at the campus LKC phone number no later than 6:30 a.m. If your child is going to be absent from the after school program, please notify the campus staff no later than 1:00 p.m. If we are expecting your child and we do not receive notification that your child will not be attending, we will initiate child locator procedures immediately. Next, we will attempt to contact you and your emergency contacts using the information provided on the Registration form. LKC phone numbers by campus:

<u>Campus</u>	<u>LKC Phone</u>	<u>LKC E-mail</u>
Avondale	480-622-6038	<a href="mailto:av-legacykidscore@legacytraditional.org">av-legacykidscore@legacytraditional.org</a>
Casa Grande	520-483-4779	<a href="mailto:cg-legacykidscore@legacytraditional.org">cg-legacykidscore@legacytraditional.org</a>
Chandler	480-622-6091	<a href="mailto:ch-legacykidscore@legacytraditional.org">ch-legacykidscore@legacytraditional.org</a>
Gilbert	480-622-6686	<a href="mailto:gil-legacykidscore@legacytraditional.org">gil-legacykidscore@legacytraditional.org</a>
Glendale	480-318-1954	<a href="mailto:gle-legacykidscore@legacytraditional.org">gle-legacykidscore@legacytraditional.org</a>
Laveen	480-622-6709	<a href="mailto:lav-legacykidscore@legacytraditional.org">lav-legacykidscore@legacytraditional.org</a>
Maricopa	520-483-4790	<a href="mailto:mc-legacykidscore@legacytraditional.org">mc-legacykidscore@legacytraditional.org</a>
N. Chandler	480-318-5574	<a href="mailto:nch-legacykidscore@legacytraditional.org">nch-legacykidscore@legacytraditional.org</a>
NW Tucson	520-345-2024	<a href="mailto:tu-legacykidscore@legacytraditional.org">tu-legacykidscore@legacytraditional.org</a>
North Las Vegas	725-221-0532	<a href="mailto:nv-legacykidscore@legacytraditional.org">nv-legacykidscore@legacytraditional.org</a>
Peoria	480-318-6074	<a href="mailto:pe-legacykidscore@legacytraditional.org">pe-legacykidscore@legacytraditional.org</a>
Queen Creek	480-622-6718	<a href="mailto:qc-legacykidscore@legacytraditional.org">qc-legacykidscore@legacytraditional.org</a>
Surprise	480-364-3796	<a href="mailto:sur-legacykidscore@legacytraditional.org">sur-legacykidscore@legacytraditional.org</a>

Please inform the LKC staff if you pick your child up from school unexpectedly.

No credits or refunds will be given for unused days.

## Hours of Operation

LKC before school is available from 6:00 am to 7:30 am and after school is available from school dismissal to 6:00pm on all school days expressed on the calendar.

**If your child is enrolled in LKC, half-days/early release days, will be included without an extra fee.**

LKC will be open most holidays and breaks but will require an extra fee. Please visit your campus website under “Legacy Kids Care” for Day Camp and pricing information.

LKC will be closed on:

Labor Day	September 4, 2017
Thanksgiving Day	November 23, 2017
Day After Thanksgiving	November 24, 2017
Christmas Day	December 25, 2017
New Year’s Day	January 1, 2018
Memorial Day	May 28, 2018
Independence Day	July 4, 2018

## Activities

The LKC program will include a study hour (homework time) and free play on the playground. Some crafts will also be provided, as well as, access to age-appropriate books, games, and sports equipment. Schedules may vary slightly at each campus.

Before school: 6:00am – 7:30am Recreational activities in the gym

After school: 3:00pm – 3:30pm Snack- LKC provided

3:30pm – 4:00pm Outdoor play time

4:00pm – 5:00pm Homework Completion

5:00pm – 6:00pm Educational games

## Food

Snacks are provided each day to the PM students. Lunches will be provided on half days, day camps, and Fall, Winter, Spring and Summer Camps at no extra cost.

1. Students may always bring their own food, but the tuition cost does not change
2. **We are not an allergy free, nut free Network.** (If applicable, please let your instructor know accommodations are needed)

## Staff/child ratio

LKC will strive to maintain a 30:1 child-to-staff ratio.

## Signing In and Out

Before School: Parents will be required to escort their child(ren) to the before school LKC location and sign their child in each morning.

After School: Parents will be required to pick up their child at the LKC designated area and sign their child out.

**Please bring the family pick-up sign to show the staff when you are picking your child up.**

## Late Pick Up Description

A late pick up fee of \$1.00 per minute, per child will be assessed for any late pick ups. A late pickup is more than 10 minutes after the dismissal time (time according to LKC cell phones).

- On the 1<sup>st</sup> Late Pick Up you will be given a Warning Notice.
- On the 2<sup>nd</sup> Late Pick Up you will receive a Final Warning.
- Starting on the 3<sup>rd</sup> Late Pick Up, you will be charged \$1.00 per minute late, per student, for the time the child is left on campus after the school day. **The charge will be applied to your account and is due within 3 days of receipt.**
- Excessive incidents of late pick-up will not be allowed. If a problem presents itself, it will be brought to the Community Education Specialist and Principal's attention, who will schedule a meeting with the family to discuss options. If a child is not picked up by 7:00 pm, and neither parents nor emergency contacts can be reached, **the local police department will be contacted.**

## Registration Procedures

Legacy Kids Care enrolls on a first-come, first-serve basis, and space is limited. LKC, Day Camps, and Fall, Winter, Spring and Summer Camps, are completed using SchoolCare Works <https://connect.schoolcareworks.com/login.jsp>

The entire Legacy Kids Care registration process must be completed prior to a student starting in the program.

1. Parents will need to register their students online using SchoolCare Works <https://connect.schoolcareworks.com/login.jsp>
2. Submit \$70.00 registration fee per family per school year. There is a one-time upfront \$70.00 registration fee required per school year per family.
3. Enroll in the desired programs per student.
4. Complete and submit applicable paperwork within this packet on the 1st day of LKC attendance

Registration Details by Program:

- **LKC Before and After School** - Registration must be completed at least 3 business days prior to the effective date. (Example: registration made by Monday 5pm would allow for a start date of Thursday for Before or After School.) **The registration and payment portal will close 3 business days prior to starting.** This will allow the campus to prepare for the students.
- **Day Camps** - Registration must be completed at least 3 business days prior to the effective date.
- **Drop in Days** - Registration must be completed at the time of program enrollment.

PARENTS ARE IN COMPLETE CONTROL OF THEIR FAMILY ACCOUNT AND THEIR CHILD'S SCHEDULE. **The Community Education Department does not make changes, all changes must be made online using SchoolCare Works.**

## Schedule Change Request

Change requests to your child's schedule must be made online using SchoolCare Works.

**For LKC schedule changes**, click on the attendance tile and submit a request and await approval. A change request **MUST** be made within 5 days of effective date, no exceptions and subject to availability. You will be notified via e-mail.

**For Day Camps schedule changes:** Days can be added, but not removed. Adding a day must be completed by the **Thursday prior** to the effective date.

To review all active programs, go to the attendance tile in SchoolCare Works.

## Payment Options

Monthly tuition is billed on the 1<sup>st</sup> business day of each month, and due on the 15<sup>th</sup> of the month. Payments will be made online using School Care Works, by clicking on the red Payment tile. Payments made after 12:00 am on the 15<sup>th</sup> of each month will result in a late fee.

**Online Payments:** May be submitted using SchoolCare Works in the form of debit, pre-paid debit, or credit cards.

***Payments in the form of cash or checks are no longer accepted at campus locations.***

**Auto Pay:** Auto pay can only be used for LKC and not drop in days or Day Camps. Auto Pay may be created using your SchoolCare Works account.

In order to have your child's attendance continue uninterrupted, it is very important that your payments is received on time. If the child attempts to attend the program after they are determined to be ineligible due to non-payment, they will be escorted to the school front office. The school staff will call Community Education Services to contact the financially responsible party. If immediate payment is not received, the parent/guardian will be required to pick up the child.

**Please be aware that Legacy Traditional Schools does not provide end of the year tax statements. Please keep all receipts for this purpose. Legacy Kids Care does not qualify for tax credit donations. The tax id numbers are listed below for claiming childcare expenses:**

Avondale: 32-0339504

Casa Grande: 27-0637575

Chandler: 30-0681275

Gilbert: 46-1849277

Glendale: 47-5382849

Laveen: 61-1678903

Maricopa: 27-0637575

N. Chandler: 47-2240777

North Las Vegas: 81-1370901

NW Tucson: 35-2408563

Peoria: 81-2350661

Queen Creek: 27-0637575

Surprise: 47-2207406

**Summary of Fees:** Tuition is calculated based upon the number of school days in the year. The annual tuition amount is then divided into ten equal monthly payments so that the monthly payments do not fluctuate. Monthly tuition does not include School Closure Camp dates.

**Registration Fee:** There is a one-time upfront \$70.00 registration fee required per school year per family. If a family withdraws for a period of time to exceed two weeks, a re-enrollment form must be complete and a fee of \$20.00 must be paid. The family will only be accepted if there is room, no waiting list, and no balance on the account. **No refunds or credits will be given for days not attended.**

**Part Time Before School:** \$71.00 per student/month. A maximum of 3 days per week.

**Part Time After School:** \$159.00 per student/month. A maximum of 3 days per week.

**Full Time Before School:** \$81.00 per student/month. Five days per week.

**Full Time After School:** \$198.00 per student/month. Five days per week.

**Drop in/Daily Rate:** \$30 per day per child. This option is used for all Legacy families who may need same day care. *\*For families not already enrolled in LKC, a 1 time registration fee of \$70.00 will be required at the time of registration.*

**Day Camps and School Breaks:** \$30 per day per child. This option is used for all Legacy Traditional families who may need care during school breaks. *\*For families not already enrolled in LKC, a 1 time registration fee of \$70.00 will be required at the time of registration. (Camps may be closed based on enrollment numbers.)*

**Family Maximum:** A \$400 monthly fee. This option is for families with 2 or more children who will be attending both before and after school full time.

**LKC Before or After School Schedule Change Fee:** A \$5 schedule change fee will be assessed for changes made **5 business days ahead of time**, no exceptions. Please refer to the "Schedule Change Request" section above for details. Parents are in complete control of their family account and their child's schedule. To review a child's schedule, go to the attendance tile in SchoolCare Works.

**Late Payment Fee:** A \$20 fee will be assessed for payments made after 12:00 am on the 15<sup>th</sup> of each month. If you have an outstanding balance after 30 days your child becomes ineligible and may not attend LKC until the account has been reconciled and shows a 0 balance in SchoolCare Works. If the child attempts to attend the program after they are determined to be ineligible due to non-payment, they will be escorted to the school front office for immediate pickup.

**Re Enrollment Fee:** A \$20 Re-enrollment fee will be applied to re enroll a student's LKC program. A **Program Re-enrollment form must be completed 2 business days prior to the effective date** and sent to the Community Education Department at: [communityeducation@legacytraditional.org](mailto:communityeducation@legacytraditional.org).

**Late Pick Up Fee:** \$1 per minute after 6pm per child. A late pickup is more than 10 minutes after the dismissal time (time according to LKC cell phones).

## Refund Policy

The annual registration fee is non-refundable. Unused days will not be refunded or credited. If registration changes are needed, they must be completed using SchoolCare Works **5 business days ahead of time**.

## Withdrawal

You may withdraw your child from LKC at any time. If you choose to return to LKC during the school year, the registration process must be repeated. Should a student's childcare needs change, a **Program Withdrawal form must be completed 5 business days prior to the effective date to stop monthly charges**. Days already attended are not refundable. We will make prorated refunds with a 5 day written notification of withdrawal to the Community Education Department at [communityeducation@legacytraditional.org](mailto:communityeducation@legacytraditional.org).

- Full refunds will be given on payments made 30 days in advance of the billing date, and prorated to reflect the current month billing cycle with a 5 day written notice using the Withdrawal form
- The registration fee is nonrefundable
- All accounts must have a zero balance upon withdrawal
- Administration can withdraw a student due to safety concerns, inappropriate behavior and failure to pay.
- Refunds will not be given on occasions when administration has withdrawn a child
- Any student that withdraws must complete the Program Withdrawal Form at least 5 days before effective date, which can be found in the Communication tab in SchoolCare Works
- The Program Withdrawal form needs to be returned to the Community Education Dept. to have future billing discontinued
- Withdrawn students, who wish to become part of LKC again in the same school year, must complete a Program Re-enrollment Form and submit the \$20 re-enrollment fee

## Injuries

Your child will receive proper attention and quality care for minor injuries. Staff will notify you of the injury either by phone, in person and with a written incident report. If your child experiences a major medical emergency, 911 will be called if necessary to ensure that your child receives the best medical attention.

## Emergency Contacts

It is the parent's responsibility to make sure that the emergency contact information is always updated for the LKC program. It is extremely important that we have home and cell phone numbers for parents/guardians plus at least 2 local emergency contacts.

## Illnesses

Parents must inform the LKC staff when an absence is due to illness. Students cannot attend LKC with any of the following symptoms: fever within the past 24 hours, vomiting, diarrhea, undiagnosed rash, inflamed or matter-filled eyes, or head lice. A child who did not attend school due to illness will not be accepted into LKC on that day.

If your child becomes ill while attending LKC with a temperature of 100.4 or higher, vomiting, diarrhea, or the onset of a rash, a parent/guardian/emergency contact must pick up the child within the hour. Students may not return to school until they are fever free without the use of fever reducing medications for 24 hours, free of vomiting for 24 hours, and free of diarrhea for 24 hours.

Children who are ill with a contagious disease or fever may not attend Legacy Kids Care. Parents must inform the LKC staff if their child has been diagnosed with any potential infectious illness so that the school health assistant may be informed. The school health assistant is not part of LKC and will not be called for illnesses for injuries.

**There is no tuition credit or refund given for sick days.**

## **Medication Administration & Emergency Procedures**

Medication is **not** given to students without prior paperwork completion and arrangements being made with the Program Instructor at the campus. If approved, only physician prescribed medication in the original prescription container may be given. The container must have the pharmacy label which includes the student's name, dosage, date and name of medication. Medication that is kept at the school, during the day, cannot be used for Legacy Kids Care. Legacy Kids Care requires its own prescription to be kept with the program. An "*Administering Medication to Students at Legacy Kids Care*" form must be filled for each medication needed.

Any unused or expired medication will be returned to the parent or guardian. Medications will be disposed of two weeks after the expiration date or a child's withdrawal from the program.

In case of an emergency, as determined by the Program Instructor or Principal, the paramedics will be called and a parent will be notified immediately. Parents will be responsible for all costs incurred in such emergencies.

Fire and Lockdown procedures will be an extension of the campus policies and procedures.

## **Exceptional Students**

Legacy Kids Care fully complies with the requirements of Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, applicable to DHS regulations, and applicable federal, state, and local laws.

Reasonable modifications will be provided to afford a student with a disability meaningful access to Legacy Kids Care, unless it is demonstrated that the modifications would be a fundamental alteration in the nature of the program, or constitute an undue financial and administrative burden. Any student, including students with disabilities, may be removed from the program if his/her behaviors, even with reasonable modifications, are so disruptive that it puts other students in danger or negatively impacts the quality of services to other participants. If your child is an exceptional student, please complete the "***Student Record Request Release***" form to allow us to have copies of your child's IEP, 504 plan, health care plan, etc.

## **Early Dismissal Days**

Legacy Kids Care will operate 6am-7:30am and from dismissal time to 6pm. Lunch will be provided on these days at each campus. There is not an extra charge for participation in these days for registered Legacy Kids Care participants.



## Positive Discipline Program

Legacy Kids Care follows the same positive discipline approach as Legacy Traditional Schools. Positive discipline helps to create a conducive environment for learning and fun. In LKC, positive behavior is rewarded with positive reinforcement. Consequences for inappropriate behavior are clearly defined and enforced.

Step 1 – Warning

Step 2 – Removal from the group for 5 minutes

Step 3 – Removal from the group for 10 minutes

Step 4 – Assistant Principal will be consulted/removal from group

Step 5 – Documentation will be sent home/signature required

- The Assistant Principal will be consulted if there is an ongoing pattern. Administration can withdraw a student due to safety concerns, inappropriate behavior and failure to pay.

## Parent Involvement

Legacy Kids Care feels that active parent involvement and support is critical to the success of the program. This support may include helping during the before and after school programs, assisting during day camps, ½ days, or the summer academy, and chaperoning field trips. In addition, volunteers can help prepare materials from home. In order to volunteer on campus or chaperone field trips, volunteers must:

- Be a parent/guardian or sibling to an LKC student, and be over the age of 18
- Have a volunteer fingerprint clearance (submit every 2 years)
- Complete the Volunteer Application
- Sign in at the front desk and with the LKC Instructor
- Follow appropriate dress code requirements

Please contact your LKC Instructor for information regarding volunteer applications.

## Not Licensed, Open-Door Policy

The Legacy Kids Care program is not a licensed child care facility as defined by Arizona Revised Statutes section 36-882. As such, your child is free to check out and leave from the program site at any time. Staff cannot physically restrain a participant who is not authorized to walk home but is trying to walk home. If your child leaves, staff will begin calling the numbers listed on the registration form.

## Parent Agreement

I have read the Legacy Kids Care Parent Handbook information and agree to abide by the procedures outlined in the packet. I understand that failure to abide by the procedures in the packet may result in the dismissal of my child (children) from the program.

I understand that I must keep all emergency contact information up to date with Legacy Traditional Schools and the LKC Program.

I understand that my tuition payments are due by the 15th of the month. Failure to pay tuition within the specified time frame will remove your child from the program.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and submit all applicable paperwork attached in this packet to the LKC Instructor.**



## LKC Contact Information

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Legacy Traditional Campus Attending in 2017/2018: \_\_\_\_\_

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Parent or Guardian Name: \_\_\_\_\_

Telephone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Telephone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_

Home Address: \_\_\_\_\_

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### Additional Emergency Contacts:

Name: \_\_\_\_\_

Telephone Numbers: Cell/Home \_\_\_\_\_ Work \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Numbers: Cell/Home \_\_\_\_\_ Work \_\_\_\_\_

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### Persons Authorized for Pickup /Drop off:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**CERTIFICATE OF GOOD HEALTH**

**Child's Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Is your child having any of the problems listed below? *	YES	NO
1. Allergies or reactions (for example, food, medication, or other) 2. If yes: please list:		
2. Hay Fever		
3. Asthma		
4. Eczema or frequent skin rashes		
5. Convulsions/Seizures		
6. Heart Trouble		
7. Diabetes		
8. Frequent colds, sore throats, earaches (4 or more per year)		
9. Trouble passing urine or bowel movements		
10. Shortness of breath		
11. Speech problems		
12. Other		
Please explain any problem identified above: * Additional paperwork may be required including a medical action plan signed by child's physician before care can begin.		
Does your child take any medications regularly? If yes, what medication?		
Reason for Medication:		

I hereby certify that my child is in good health and that his/her immunizations are current. I will assume responsibility for my child's health while at LKC.

Signature of Parent of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_



**STUDENT RECORD REQUEST RELEASE**

INFORMATION TO BE RELEASED FROM:	INFORMATION TO BE RELEASED TO:
Name: <b>Legacy Traditional Schools</b>	Name: <b>Legacy Kids Care (LKC) –</b> <i>Please list campus name</i>
School:	Title: <b>Admin and Staff</b>
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Phone Number:                      Fax:	Phone Number:

Parent/Guardian would like the following records and/or information released to Legacy Kids Care (LKC):

- |   |   |
|---|---|
| <input type="checkbox"/> Health & Immunization Records    | <input type="checkbox"/> Section 504 Plan Records |
| <input type="checkbox"/> Psychological Evaluation Records | <input type="checkbox"/> Verbal Communication     |
| <input type="checkbox"/> Special Education Records        | <input type="checkbox"/> Written Communication    |
| <input type="checkbox"/> Other: _____                     |   |

Student Name	Date of Birth	Grade

**I hereby authorize the school named above to release information, both verbally and in writing, to Legacy Kids Care (LKC).**

_____	_____
Signature of Parent/Guardian	Date

_____	_____
Signature of LKC Official	Date



## Administering Medication to Students at Legacy Kids Care

Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Diagnosis/Reason for Giving \_\_\_\_\_

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Time to be given \_\_\_\_\_ AM \_\_\_\_\_ PM

Dates: \_\_\_\_\_ To \_\_\_\_\_

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient's name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure and disciplinary action.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*A new form is required for any change in medication name or dosage and at the beginning of each summer.

**\*Staff members in charge of the Legacy Kids Care will assist students, as trained by the parent, following a physician's order.**

Parent initials \_\_\_\_\_.

**\*\*\*Over the counter medication is not given.**



**Permit for Self-Administration of Emergency Epinephrine for Legacy Kids Care**

Student \_\_\_\_\_ School \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

*Legal Reference: ARS 15-341 (2005) allows students who have been diagnosed with anaphylaxis by a healthcare provider to carry and self-administer emergency medications including auto-injectable epinephrine while at school and at school sponsored activities. The student's name on the prescription label on the medication container or on the medication device is sufficient proof that the pupil is entitled to the possession and self-administration of the medication. The statute also provides immunity from civil liability for a school district and its employees with respect to all decisions made and actions taken that are based on good faith implementation of the requirements of this paragraph, except in cases of wanton or willful neglect.*

Name of medication \_\_\_\_\_

Dosage \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby give permission for my child to carry the above listed medication as ordered by his/her licensed healthcare provider. I understand that my child, not the school, is responsible for the storage, possession, and use of the self-administered medication. I understand that misusing medication or sharing medication with other students will result in disciplinary action. I agree to deliver the medication to the school health office with an appropriate pharmacy prescription label and to provide the health office with a back-up medication. I understand that it is the responsibility of my child to report to the Health Office or other staff member if symptoms do not improve after taking this medication.

**“Self-Administration” means that my child has the discretion to use his/her medication appropriately. Therefore as parent/guardian, I acknowledge that my child is capable of identifying the medication, is knowledgeable of the purpose of the medication, is able to identify/associate specific occurrence and need for the administration of the medication, is knowledgeable/capable of medication dosage, is knowledgeable/capable of administrative method, is able to state side effects/adverse reactions to the medication, and is knowledgeable of how to access assistance for self if needed in an emergency.**

I acknowledge that Athlos Traditional Academy/Legacy Traditional Schools and its employees will be immune from civil liability for all decisions made and actions taken in good faith to implement these provisions per ARS 15-341 and ARS 15-344. I also acknowledge that Athlos Traditional Academy/Legacy Traditional Schools and its employees will be exempt from civil liability as a result of any injury arising from my child’s self-administration and/or misuse of the medication.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Prescribing Physician Name \_\_\_\_\_ Ph. Number \_\_\_\_\_

I have read the above and understand my responsibility to carry and self-administer my medication and will notify the Health Office or other staff member if my symptoms do not improve after taking this medication.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(Office Use) Check if Emergency Action Plan is complete and on file



**Permit for Self-Administration of Inhaler Medication for Legacy Kids Care**

Student \_\_\_\_\_ School \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

*Legal Reference: ARS [15-341](#) (2005) allows the possession and self-administration of prescription medication for breathing disorders in handheld inhaler devices by students who have been prescribed the medication by a licensed health care professional. The student's name on the prescription label on the medication container or on the medication device is sufficient proof that the pupil is entitled to the possession and self-administration of the medication. The statute also provides immunity from civil liability for a school district and its employees with respect to all decisions made and actions taken that are based on good faith implementation of the requirements of this paragraph, except in cases of wanton or willful neglect.*

Name of medication \_\_\_\_\_

Dosage \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby give permission for my child to carry the above listed inhaler as ordered by his/her licensed health care provider. I understand that my child, not the school, is responsible for the storage, possession, and use of the self-administered inhaler. I understand that misusing medication or sharing medication with other students will result in disciplinary action. I agree to deliver the medication to the school health office with an appropriate pharmacy prescription label and to provide the health office with a back-up medication. I understand that it is the responsibility of my child to report to the Health Office or other staff member if symptoms do not improve after taking this medication.

**“Self-Administration” means that my child has the discretion to use his/her medication appropriately. Therefore as parent/guardian, I acknowledge that my child is capable of identifying the medication, is knowledgeable of the purpose of the medication, is able to identify/associate specific occurrence and need for the administration of the medication, is knowledgeable/capable of medication dosage, is knowledgeable/capable of administrative method, is able to state side effects/adverse reactions to the medication, and is knowledgeable of how to access assistance for self if needed in an emergency.**

I acknowledge that Athlos Traditional Academy/Legacy Traditional Schools and its employees will be immune from civil liability for all decisions made and actions taken in good faith to implement these provisions per ARS 15-341 and ARS 15-344. I also acknowledge that Athlos Traditional Academy/Legacy Traditional Schools and its employees will be exempt from civil liability as a result of any injury arising from my child's self-administration and/or misuse of the medication.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Prescribing Physician Name \_\_\_\_\_ Ph. Number \_\_\_\_\_

I have read the above and understand my responsibility to carry and self-administer my inhaler and will notify the Health Office or other staff member if my symptoms do not improve after taking this medication.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(Office Use) Check if Asthma Action Plan is complete and on file