

**St. Matthew's Episcopal Church Summer Camp Program  
Emergency Information**

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Current home address  
\_\_\_\_\_

Full names of Parent(s)/Guardian(s)  
\_\_\_\_\_

*In the event of an emergency, it is our policy to contact the parents/guardians first. Please provide phone numbers (cell, work, home) where parents/guardians can be easily contacted.*

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

*Provide in priority order the information for at least 2 persons who have the authority to obtain emergency medical treatment for your child, if parents cannot be contacted in an emergency,:*

Name	Relationship to child	Phone
_____ Name	_____ Relationship to child	_____ Phone
_____ Name	_____ Relationship to child	_____ Phone

**Child's Doctor and Dentist**

\_\_\_\_\_  
Child's Doctor

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Child's Dentist

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

List any allergies, medications, health conditions or special needs for the child:  
\_\_\_\_\_  
\_\_\_\_\_

Provide the child's health insurance information below:  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize staff at St. Matthew's Episcopal Church Preschool Summer Camp Program to use their judgment in contacting parents/guardians or other authorized persons or securing medical assistance and transportation if the parents/guardians or other authorized persons cannot be reached.**

**Date** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_

## **St. Matthew's Episcopal Church Summer Camp Program Confidentiality of Records Policy**

### **Statement of Intent**

It is our intention to respect the privacy of the children and their parents, while ensuring that they access high quality early years and education in our setting.

We ensure that all parents/guardians can share their information in the confidence that it will only be used to enhance the welfare of their children.

### **Methods**

#### *Developmental Records*

These include observations of the children in the setting, samples of their work, summary developmental reports and records of achievement.

They are usually kept in the Preschool and can be accessed, and contributed too, by staff, the child and the child's parents.

#### *Personal Records*

These include registration and enrollment forms, signed consents, and correspondence concerning the child or family, reports or minutes from meetings concerning the child from other agencies, an ongoing record of relevant contact with parents, and observations by staff on any confidential matter involving the child, such as developmental concerns or child protection matters.

These confidential records are stored in a lockable file or cabinet.

Parents have access to the files and records of their own children but do not have access to information about any other child.

Staff will not discuss personal information given by parents with other members of staff except where it affects planning for the child's needs. Staff induction includes an awareness of the importance of confidentiality in the role of the key person.

### **Confidentiality Policy**

Information received in the process of enrolling your child at St. Matthew's Episcopal Church Summer Camp Program is to be respected and kept confidential. Any information that may identify your child by photo, name or address is confidential and will not be copied or shared by the staff of St. Matthew's Episcopal Church Summer Camp Program with unauthorized persons, without written consent from the Parent/Guardian.

**I understand the Confidentiality Policy of St. Matthew's Episcopal Church Preschool Summer Camp Program.**

X \_\_\_\_\_

**Signature**

**Date**