



Emergency Contact and Release Authorization

Child/Parent Contact Information

Child Name: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Email: _____ Email: _____

Cell: _____ Work: _____ Cell: _____ Work: _____

Home Phone: _____ Home Phone: _____

Contacts (other than parent/guardian)

Emergency Contact Name: _____ Emergency Contact Name: _____

Relationship to Child: _____ Phone: _____ Relationship to Child: _____ Phone: _____

Emergency medical contact: _____ Phone: _____ Preferred Hospital: _____

Authorized to pick-up this child (including parents)

1. Name: _____ 2. Name: _____

Relationship to Child: _____ Phone: _____ Relationship to Child: _____ Phone: _____

3. Name: _____ 4. Name: _____

Relationship to Child: _____ Phone: _____ Relationship to Child: _____ Phone: _____

*In the event of any emergency and **someone not listed** must pick up the child, please call the Hubbard Day Program Director. Please do not send anyone to pick up your child who is not authorized without notifying us, and please do not send someone your child will not recognize. I authorize Hubbard Day to make any medical decisions for my child should none of the above emergency contacts be able to be reached.*

Parent/Guardian Signature _____

Date _____

Liability Release

I give, _____ (Child's name), of whom I have guardianship, permission to attend any and all field trips/community outings, to be walked or be transported in any participating vehicle (NYC MTA or TLC), and to participate in all activities planned for Hubbard Day.

I hereby waive, release, and discharge any and all claims for damage, for personal injury, death or property damage which I may have or which may hereafter accrue to me, as a result of participation in the various events, programs and services, including but not limited to the contractual agreed upon therapy/therapies, special instruction, socialization groups, etc.

This release is intended to discharge in advance, Hubbard Day, the agents and employees, including but not limited to contract workers, fee for service providers, and volunteers from any liability, of any assumed or unforeseen risk that may arise out of participation in the program or any of its features.

It is understood that some of the activities may involve an element of risk or danger of accident, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I hereby give my consent to have the above-mentioned child treated by a physician or surgeon in case of sudden illness or injury while participating in the above-mentioned activities and attending Hubbard Day.

It is understood that if a physician is mentioned below, every effort will be made to contact such physician. However, I also give my permission for Hubbard Day and Happy Hour 4 Kids, Inc., their agents and employees to use emergency medical personnel if they feel it necessary and agree to assume all costs and expenses resulting from any of the above services.

I also give Hubbard Day, their agents and employees permission to administer first aid, to the above-mentioned child; to the best of their judgment should they feel it necessary.

(PRINT) Parent or Guardian Name

Parent or Guardian Signature

Date

Preferred Physician's Name Physician

Phone

Address

Confidentiality Agreement

Federal law guarantees privacy and confidentiality for children, families, and their records. As a visitor (parent, care giver, volunteer, etc.) at Hubbard Day and/or Happy Hour 4 Kids Inc. you may under limited circumstances, have access to or observe a child/client or family enrolled in a program/group, receiving treatment, in a session, and or other student/client information while you are on site. Child/client/family information includes enrollment, group membership, related services, and any records, files, documents and other materials that contain personally identifiable information of any child/client/family. As a child/client/family enrolled in a program or receiving treatment from or at Hubbard Day you and your treatment team will have access to the records, treatment plans, progress reports, etc. of your child/children. It is imperative that you not disclose or discuss any child/client/family information and operating procedures that you may observe, participate in/with, meet, and or observe while at Hubbard Day to any unauthorized individuals. An unauthorized individual would be any person that is not currently an employee of Hubbard Day or an individual that does not have written consent from the parent/guardian of the client and Hubbard Day. This includes but is not limited to doctors, other agencies, outside therapists, caregivers (nannies), extended family, members of the press, and lawyers.

In order to maintain the privacy rights of our clients and their families as well as the integrity of our practice and program we ask that as a parent/caregiver/visitor to Hubbard Day you agree to the following:

1. I will not disclose or discuss with unauthorized individuals the identity, treatment, or records of any child/client/family treated by Hubbard Day
2. I will provide written authorization and consent to an individual that I wish to have access my child/children's records/information.
3. I understand that Hubbard Day can refuse to speak an individual even if I provide written authorization, if they feel as though it jeopardizes the privacy and integrity of their clients/families and practice.
4. I understand that only the treatment team (therapists/educators/teachers/fee for service providers) employed or contracted by Hubbard Day and Jonathan Trichter and Joel Maute will have access to my child/children's records and information, unless I provide written consent.
5. I will not discuss or reveal the identity of any other children/clients/families, the operating/treatment procedures, staff, contract employees, volunteers, and or fee for service providers from Hubbard Day with anyone.
6. I understand that questions about Hubbard Day and or previously defined confidential child/client/family information must be directed to Jonathan Trichter.
7. I must report any breach or suspected breach in confidentiality, immediately upon my discovery, to Jonathan Trichter.
8. As the parent/caregiver/visitor, I am at Hubbard Day to receive services in the contracted area of treatment and should only report on my child.

I have read and understand the Hubbard Day policies concerning confidentiality and nondisclosure of any information regarding children/client(s)/families, treatments, programs and or staff. I agree to maintain the confidentiality of all information obtained in the course of my child/children enrollment/treatment, but not limited to, financial, technical, or propriety information of Hubbard Day as well as any personal and sensitive information regarding students/clients, parents, treatment, and employees.

I understand that inappropriate disclosure or release of any information is grounds for immediate termination of treatment/enrollment, without refund, and subject to legal action.

Signature

Date

Print Name

Photo Release Waiver

Child's Name _____

I give permission for Hubbard Day to use photographs/videos of my child for the following:

- To be posted on the Hubbard Day website.
- To be shared on Hubbard Day social media accounts.
- To be used for promotional purposes.

I do not give permission for images of my child to be used on the Hubbard Day website, social media, or for promotional purposes.

Parent Signature _____ Date _____

Parent Handbook

NAMES TO REMEMBER

Hubbard Day (“Hubbard”, “Hubbard Academy”)

HOURS OF OPERATION

9:00 AM to 3:00 PM

Owners (in the event of an emergency or urgency):

Jonathan Trichter (Cell: 646-573-9928)

Joel Maute, OTR/L (Cell: 917-902-3426)

PARENT ROLES AND RESPONSIBILITIES

The family’s involvement and commitment to their child’s academics and therapies will be critical. We view parents as our partners in helping a child develop, grow and learn—both behaviorally and academically. For our partnership to be effective, we will work together with clear goals and clear roles.

Our role is to design and give your child the most advanced, physical, behavioral and educational therapies via an individualized program in order to impart the tools needed to reach his/her maximum potential. Your role in our partnership will include helping generalize all that your child learns here at Hubbard Day. We will work in close collaboration with you to ensure that progress extends beyond our doors into your homes and the world around us.

Beyond the application of therapies and academics, there are the practical matters parents at Hubbard should attend to in order for us to best serve your family and child. What follows is a list of the administrative things we ask of you. Please keep the following expectations close at hand as you ready your child for Hubbard Day and be sure to relay the information we need to keep your child safe and moving towards his/her goals:

- Please advise us of any allergies or medical conditions your child may have, and please supply us with any medical devices that may be necessary for his/her well-being. Be sure we are aware of those medical devices so we stand ready to use them when necessary.
- Your child must have all required school vaccinations in order to comply with Connecticut State law. Your physician will know what vaccinations are required for your child based on his/her age and can administer them appropriately. Please obtain a copy of your child’s vaccination records and submit them to Hubbard upon enrollment.
- Make sure we have emergency contact information for your family and that it is current and on file here. There is an emergency form included in this parent handbook that you must fill out.
- Make sure we have a copy of your child’s annual IEP, any neuropsychological reports, progress reports, and other developmental evaluations.
- To protect the health and well-being of the children at Hubbard, please appropriately handle any illnesses your child may contract that could be contagious. You can refer to our illness policy below.
- Please make sure to read our separate Covid-19 protocols and procedures document.
- Make sure your child is in regular attendance.

- There are no uniforms or dress codes at Hubbard. Simply dress your child to come to Hubbard Day in comfortable and weather appropriate clothing. Please provide us with a labelled change of clothes that we will keep here in case of any accidents.
- Keep personal toys and books at home, unless you make arrangements with your child's therapists, teacher, or provider. Please label all personal belongings you or your child intend to keep here.
- We will develop a number of home programs and behavioral strategies designed for your child and ask that you participate in them as often as you are able to.
- Keep our office notified of changes in important information (e.g., address, phone, child's behavior changes at home, etc.).
- Notify us (Hubbard) or your child's therapist/provider/teacher if someone else will be dropping off or picking up your child. This is important.

POLICY ON ADMINISTERING MEDICATIONS

If we are asked or needed to administer any medications to your child either regularly or acutely, we require documentation from your child's prescribing physician that includes proper dosage and other relevant directions. We have a form here for parents to fill out to help facilitate that. We also require a note from a doctor for any changes in medications or dosages (even allergy medications).

LUNCH/SNACKS

Please be sure to pack a lunch for your child every day. If a child's lunch requires refrigeration, we should be notified ahead of time as we do not automatically put a packed lunch into a refrigerator. It's safest to pack a meal that can keep. We also might recommend considering insulated lunch-bags/boxes with optional ice packs and insulation for hot foods, as we do not have the facilities to cook anything. Hubbard will provide water, of course, but please pack other drinks if needed or desired. You may also wish to pack snacks for your child, although we do provide snacks here for the kids.

Hubbard is cautious about children with nut allergies. If your child has an allergy to nuts (or anything else), please let us know. We do allow nuts and nut products, including peanut butter, on the premises as a lunch item or snack. If someone at Hubbard does have a nut allergy, however, then we will limit nut products to designated classrooms or areas away from the allergic child or, depending on the severity of the allergy at issue, eliminate peanuts and other nut-products from Hubbard entirely. If we do that, we will let all parents know in advance.

PRIVACY AND OBSERVATION

For privacy reasons, we ask all parents to remain in the waiting room on our first floor (rather than come into therapy/treatment/group areas). If you would like to watch part of your child's therapy session/group/class, please talk to your child's therapist/s/provider/teacher/s and he/she will make accommodations. In addition, open communication is essential and we will be implementing regular parent observation opportunities and programs, and we will encourage you to participate in those whenever you are able to. We also encourage communications with staff here during drop-off and dismissal/pickup times. And we will have designated parent conferences in addition to always being available for ad hoc meetings and conferences when required. Finally, you are encouraged to contact us immediately with any problems or concerns.

TEAM MEETINGS

It is important that your child's teachers and therapists at Hubbard (and elsewhere) collaborate on his/her individualized program and progress. As a result, Hubbard will encourage and participate in team meetings for your child each year.

ATTENDANCE POLICY

Please contact your child's teacher/therapist/provider directly if your child is unable to attend class for the day. We request that you contact us as early in the morning as possible, understanding there are exceptions in the case of emergencies and unforeseen illnesses. All requests for changes in your child's schedule will need to be discussed with your child's therapist/provider/teacher.

Note that if your child's attendance rate falls below a certain level, there is a possibility that your child's slot at Hubbard may be at risk. In cases of prolonged illnesses or medical conditions we will surely reach an understanding with the family and work around that.

ILLNESS AND INJURY

If a child is believed to be ill and or contagious, a parent or guardian will be contacted immediately who will be responsible for picking up, or arranging pick up, for the child as soon as possible. We will take care of the child as best we can while you make the appropriate arrangements. Please also read our Covid-19 protocols, which we have provided in a separate document.

For the safety of other children and our staff, please do not send your child to class if your child is ill, and please call to let us know he/she will not be in attendance at the earliest opportunity. Below are guidelines to assist you in deciding whether your child should attend Hubbard if he/she is not feeling well or sick.

Remember: Children should be kept home when sick. Please call to let us know your child will not be attending Hubbard for the day, if your child meets any of the following **exclusion criteria**:

- Temperature of 100 or higher
- Conjunctivitis ("pink eye"), redness of the eye and/or lids, usually with yellow discharge and crusting
- Presence of nits or lice
- Bronchitis, which begins with hoarseness, cough, and a slight elevation in temperature
- A rash you cannot identify which has not been diagnosed
- Impetigo: red bumps/pimples on the skin, which become small vesicles surrounded by a reddened area
- Diarrhea three or more times within 24 hours
- Vomiting within 24 hours (more than usual "spitting up")
- A cold with fever, sneezing, and nose drainage
- A contagious disease, including measles, chicken pox, mumps, roseola, strep throat, etc.

While we regret the inconvenience caused by strict adherence to these guidelines, our concern for all the children dictates a cautious and conservative approach when dealing with health matters.

Parents/guardians or individuals listed as emergency contacts will be notified immediately, if a child becomes seriously ill or injured during the day. Emergency telephone numbers must be available and kept current. In the event of a serious accident or illness where the parent/guardian or other emergency contact individuals cannot be reached, an ambulance will be called, and the student will be transported to the nearest hospital emergency room accompanied by a staff member. Additional staff will continue to attempt to reach the student's parent/guardian.

SCHEDULE

Hubbard Day follows an independent schedule concerning holidays. Please see the calendar we supply to all parents and refer to it when planning for your child's schedule with us here.

INCLEMENT WEATHER POLICY

We will be closed anytime Greenwich Public School closes due to weather.

GRIEVANCE POLICY

If you have an issue or concern, we encourage you to speak directly with the staff/person involved. We believe that is usually the best way to solve a problem. If that does not work, please do not hesitate to speak with the owner, Jonathan Trichter.

USE OF PICTURES

Our clinic may occasionally video tape, audio tape and/or photograph therapy sessions. Please be assured **we will seek your permission first** and have you sign a release form before we use photographs for anything other than part of your child's documentation.

ARRIVAL & DISMISSAL

Drop off is at 9:00am and dismissal/pickup (during all non-holiday weekdays) is at 3:00pm. An adult must accompany students at all times for those children who do not use bussing. Otherwise, no student will be released unless a designated parent or guardian is there to pick him or her up. If someone else is picking up your child, please inform us ahead of time. Please note that punctual arrival is imperative. Please also note that the school day must end on time.

PETS

There are no pets allowed on the premises or directly outside our premises during drop-off and pickup or any other time.

SAFETY DRILLS

We conduct numerous fire and safety drills throughout the course of the year—all in compliance with the Fire Department. Children and teachers will have advanced notice of the first few drills. Later, the teachers will know when to expect a safety drill, although the children may not. Ultimately, no one will be notified in advance. We are very serious about your child's safety and our compliance with safety regulations.

Appendix A—Emergency Contact Information (Please fill out & sign)

EMERGENCY INFORMATION

It is important to keep your child's information in our files up-to-date at all times. Please print this document out and return it to Hubbard prior to your child attending. Be sure that the following information on file is current at all times:

EMERGENCY PROCEDURE

In the event of an injury or medical emergency, trained staff will immediately administer first aid and notify parent. If the condition is serious, Hubbard will call 911 for an EMT response.

Please fill out the following form and return it to a Hubbard staff member.

Child's Name: _____ Birthdate: _____

Address: _____

Home Phone: _____ Cell: _____

Allergies: _____

Does your child have an Epi-Pen: _____. If yes, bring an EpiPen for your child to keep at school and have your child's doctor provide the school with an "Allergy Action Plan."

Parent #1: Name: _____ Cell: _____

Business Phone: _____ Email: _____

Parent #2: Name: _____ Cell: _____

Business Phone: _____ Email: _____

Pediatrician: _____ Pediatrician Phone: _____

Caregiver: _____ Caregiver's Phone: _____

Emergency Contact (in case we are unable to reach either parent or caregiver):

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

If your child is showing symptoms of anaphylaxis, we must treat your child with an Epinephrine Auto-Injector, even if your child does not have a prescription for one nor any known allergies. Please also sign below indicating your consent for us to transport your child to a hospital and/or use an Epinephrine Auto-Injector in the event of a medical emergency. In any event, the school will call 911 and notify the child's family in the event of such an emergency. I hereby authorize Hubbard Day staff to obtain necessary emergency medical treatment for my child, including using an Epinephrine Auto-Injector if my child is showing signs of anaphylaxis, with the understanding that the family will be notified as soon as possible.

Parent/Guardian Signature

Date

Appendix B (Please fill out & sign)

LIABILITY WAIVER & CONFIDENTIALITY AGREEMENT

We value your child's safety and privacy above all as well as the safety and privacy of our clients and their families. Please review and sign your Liability Waiver and Confidentiality Agreement, your child may not attend any programs or receive scheduled services until these documents have been signed and returned.

I acknowledge receipt of and reading of this Hubbard Day Handbook. I understand that parents and caregivers are expected to adhere to the rules outlined here as well as all other Hubbard Day rules, irrespective of whether they are listed here, elsewhere or otherwise.

Parent/Guardian Signature

Date