

# **BLAST Policy and Waiver 2024**

## **Health and Permissions**

Signature of Parent or Guardian

Student Name:		
Height:	Weight:	
Allergies (food or e	ıvironmental):	
Health Condition(s)		
Medication(s):		
Parent/ Guardian/	Emergency Contact -1	
Name:	Phone:	
Place of Work:	Work Phone:	
Parent/ Guardian/	Emergency Contact -2	
Name:	Phone:	
Place of Work:	Work Phone:	
Restricted Activities	y: 	
In the event that I	cannot be reached in an EMERGENCY, I here	eby give permission to SONS
Outreach to secure	the proper treatment including hospitalization	on and ordering the proper
injections and /or s	urgery for my child named above.	

Date



## **BLAST 2024 - Permissions**

### **Transportation and Pick Ups**

	I want my child(ren) to be pic	ked/ dropped off at designated spot: ` If yes, Pick up location:	
	pickups, field trips or special c transportation or my schedule timely pick up of my child from	to be transported in agency-insured vehircumstances. If for any reason SONS is changes, I understand that I am responsible to pay a fee of \$2 per day,	unable to provide nsible for the coordination and re one (1) grace period for
I	confirm that I have read, unde	rstood and agree to the terms of the ab	ove statement.
		Parent/ Guardi	an Initials:
The f	ollowing individuals have perm	mission to pick - up my child:	
1)	Name	Phone	Relationship
2)			
3)			
<u>Phot</u>	<u>o Permissions</u>		
	pictures taken may be use	on to have photos and videos taken of med in marketing materials, such as broch media and any other printed materials  Outreach.	ures, newspaper, flyers,
	I confirm that I have rea	d, understood and agree to the terms of	
Food	l, Allergy and Medication Pe		Guardian Initials:
<u> </u>		to monitor my child in taking any above	listed medications T
		will be provided per day and that the K	
	guarantee safety from cross c		
		Parent/ Gi	uardian Initials:



## **BLAST Guidance and Discipline Policies**

The Staff of SONS Outreach has developed the following guidelines and consequences for behavior within the facility during programs and on SONS Resource Center property.

Inappropriate behaviors and consequences are divided into three categories.

#### **Lesser Offenses** - Behaviors include:

- Refusal to cooperate, talking back etc.
- Horseplay and/or play-fighting (slapping, pushing, spitting, fighting,choking, karate, etc.)
- Being disruptive during programming or not participating in programming
- Inappropriate language (profanity, racial name calling, yelling, gender jokes or use of the middle finger.)
- Running in the hall or program areas
- Eating outside of designated areas and times
- Abusing equipment or facilities (slamming doors)
- Leaving designated area without permission
- Playing in bathrooms
- Bringing electronic devices to the club (cell phones, switches etc.)

A staff member will record these lesser offenses. After 3 offenses a parent/ guardian conference will be required, after which a suspension <u>may</u> follow.

## **Immediate Suspension** - Behaviors include:

- Inappropriate sexual behavior or language
- Disrespecting staff
- Smoking
- Stealing
- Gambling
- Fighting or other physical aggression (kicking, hitting, slapping, biting or pushing)

These behaviors will result in an immediate short-term suspension, usually ranging in length from 2 days to 4 days, depending on the severity of the offense and the number of prior offenses. You will immediately be notified and your child will be pulled from programming to await pick up. Your child must be picked up within one hour after you have been contacted. After the first hour a fine of \$10 per hour will be charged until your child is picked up. The fine must be paid and a conference held before your child can return to the club. SONS Outreach reserves the right to call the police or MDHHS if your child is not picked up or if your child is dropped off without the required parent's conference.



# BLAST Guidance and Discipline Policies ~ Continued ~

#### **Immediate Suspension** - Behaviors include:

- Possession of a weapon (law enforcement will be contacted)
- Verbal or written threats of bodily harm
- Hitting or harming a staff member
- Vandalism of equipment or property
- Distribution and/or use of drugs or alcohol (law enforcement will be contacted)

These behaviors will result in immediate suspension and possible indefinite suspension at the discretion of the Executive Director. In the event of immediate suspension, your child will be pulled from programming and you will be called to pick up your child immediately. If a child is suspended from one program they will be suspended from any and all SONS programs. Written documentation of any and every occurrence will be submitted to the BLAST Program Lead and placed in the students permanent file.

I acknowledge and agree that these disciplinary guidelines are fair and reasonable and were designed to ensure safety, well being and for the ability of my child to enjoy his/her time at SONS BLAST. I will support the staff and abide by the stated disciplinary actions concerning my child(ren).

Parent/ Guardian Signature	Date



# **BLAST - Pickup Permissions**

Student Name:	
Pick Up Location :	
Parent/ Guardian - Name:	
Parent/ Guardian - Phone:	
I hereby give permission to SONS of from the above listed location at the aware that SONS Outreach will be in changes from the regular transport am responsible for the student if the is canceled for any reason.	ne time of scheduled time. I am in communication about any tation plans. I understand that I
Parent/ Guardian Signature	Date
SONS Outreach Staff	 Date