

# A Letter to Parents ...

Safe Sitter® graduates who stay home alone, watch younger brothers and sisters, or babysit other children have many new responsibilities. Parents of a Safe Sitter® have some new responsibilities, too.

First, your child has learned many new things during the Safe Sitter® course. However, completing this course does not necessarily mean your child is ready to stay home alone, watch younger siblings, or babysit. **Decide if your child is ready based on his or her maturity level.** If your child is going to babysit or do odd jobs for friends or neighbors, monitor their job requests and activity, and help him or her decide which jobs he or she can handle.

**Help your child practice good work habits,** especially screening jobs, checking references, and being on time. In addition, have a method to track the jobs that your child accepts. For example, a family calendar is a great place to keep this information, and there are several online calendars and apps that make it easy for you to share information.

**Help your child stay safe:** don't allow your child to advertise on the Internet. Many of those sites require users to be 18 and over, and it isn't safe for young teens to advertise to strangers. We encourage our students to babysit or do odd jobs for friends, acquaintances, neighbors, and other people that either they or you know personally.

**Talk to your child after each job.** Young teens need guidance, and when you ask your student how each job went, you're likely to learn more about what he or she experienced.

Sibling sitting is especially difficult. **You can help by letting younger children know that your Safe Sitter® is in charge while you're gone.** Review the rules in front of the siblings and urge them to support the sitter's authority while you are gone. Sibling sitting is an important family contribution, so be sure to show your appreciation to your Safe Sitter®.

Last but not least, we have taught these students that if they are ever in a situation that is unsafe, they should call or text you **"I'm ready to be picked up now."** If you get that message, that means "Come immediately and pick me up. Don't ask questions; I'll explain later." They can use this Safety Signal if they are in an unsafe babysitting situation, but they can also use it in any situation, now or in the future, where they feel they are in danger.

The life skills learned in Safe Sitter® are valuable whether or not your child decides to babysit. Safe Sitter® graduates gain skills in responsibility, planning, and decision making. We have many wonderful stories of Safe Sitter® graduates who have stayed calm in emergencies and used their choking rescue skills to save the lives of their friends and family.

Thank you for enrolling your child in Safe Sitter®.

Sincerely,



Sara Ross, M.D.  
Medical Director  
Safe Sitter, Inc.



# Una carta a los padres. . .

Los graduados de Safe Sitter® que se quedan solos en casa, cuidan a sus hermanos y hermanas más jóvenes o cuidan a otros niños, tienen muchas responsabilidades nuevas. Los padres de un Safe Sitter® también tienen nuevas responsabilidades.

Primero, su hijo ha aprendido muchas cosas nuevas durante el curso Safe Sitter®. Sin embargo, completar este curso no significa necesariamente que su hijo esté listo para quedarse solo en casa, cuidar a sus hermanos menores o cuidar niños. **Decida si su hijo está listo según su nivel de madurez.** Si su hijo va a cuidar a un niño o a hacer trabajos con amigos o vecinos, supervise sus solicitudes de trabajo y actividad, y ayúdelo a decidir qué trabajos puede manejar.

**Ayude a su hijo a practicar buenos hábitos de trabajo,** especialmente revisando los trabajos, verificando referencias y llegando a tiempo. Además, tenga un método para rastrear los trabajos que acepta su hijo. Por ejemplo, un calendario familiar es un excelente lugar para guardar esta información, y hay varios calendarios y aplicaciones en línea que le facilitan compartir información.

**Ayude a su hijo a estar seguro:** no permita que su hijo haga publicidad en Internet. Muchos de esos sitios requieren que los usuarios tengan 18 años o más, y no es seguro que los jóvenes adolescentes se anuncien a extraños. Animamos a nuestros estudiantes a cuidar niños o hacer trabajos para amigos, conocidos, vecinos y otras personas que ellos o usted conoce personalmente.

**Hable con su hijo después de cada trabajo.** Los jóvenes adolescentes necesitan orientación, y cuando usted pregunta a su hijo cómo le fue en cada trabajo, es probable que aprenda más sobre lo que él o ella experimentaron.

Cuidar a los hermanos es especialmente difícil. **Puede ayudar al dejar que los niños más pequeños sepan que su Safe Sitter® está a cargo mientras usted se ausenta.** Revise las reglas frente a los hermanos y pídale que apoyen la autoridad del cuidador mientras usted se ausenta. Cuidar a los hermanos es una contribución familiar importante, así que asegúrese de mostrar su agradecimiento a su Safe Sitter®.

Por último, pero no menos importante, les hemos enseñado a estos estudiantes que si alguna vez se encuentran en una situación que no es segura, deben llamar o enviarle un mensaje de texto **"Estoy listo para que me recojas ahora"**. Si recibe ese mensaje, significa "Ven inmediatamente y recógeme. No hagas preguntas; Lo explicaré más tarde". Pueden usar esta señal de seguridad si se encuentran en una situación insegura de cuidado de niños, pero también pueden usarla en cualquier situación, ahora o en el futuro, donde sientan que están en peligro.

Las habilidades aprendidas en Safe Sitter® son valiosas independientemente si su hijo decide cuidar a los niños o no. Los graduados de Safe Sitter® adquieren habilidades en responsabilidad, planificación y toma de decisiones. Tenemos muchas historias maravillosas de graduados de Safe Sitter® que han mantenido la calma en emergencias y han utilizado sus habilidades de rescate de asfixia para salvar las vidas de sus amigos y familiares.

Gracias por inscribir a su hijo en Safe Sitter®.

Sinceramente,



Sara Ross, M.D.  
Director Médico  
Safe Sitter, Inc.



# Safe Sitter® Student Contract

The Safe Sitter® course is a medically accurate child care course developed especially for students in grades 6-8. Safe Sitter® teaches you the skills you need to safely care for children—infants through school age.

We want your Safe Sitter® course to be a positive experience for you! We want you to know what to expect from us when you take the course and we want you to know what we expect from you. With those points in mind, please read the following ground rules for the Safe Sitter® class.

- 1. Attendance.** There is a lot to learn in a fairly short time so it's important to come to all sessions, be on time, and stay until the end of the course. If this is not possible, you should reschedule for another course.
- 2. Respect for others.** You have a great opportunity to meet new people and develop friendships. We will expect you to think of the feelings of others – no teasing or put-downs.
- 3. Respect for property and equipment.** The class will be fun and the atmosphere relaxed, but students must remember that the space and the equipment must be treated with respect.
- 4. Student materials.** Please write your name in your Student Handbook and be sure to bring it back to each course session. Take your Student Handbook home after the course—it's yours to keep.
- 5. Electronic devices.** Keep cell phones and electronic devices on silent and put them away during class. You can check for messages at lunch or after the course. Please be sure that any electronic devices brought to class do not distract anyone during the course.

Safe Sitter® courses are always lots of fun for everyone. The ground rules are meant to help guarantee that fun. Sign below if you are willing to abide by them.

**I understand the importance of Safe Sitter's ground rules. I agree to follow them in the course.**

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**Student Signature**

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**Date**



# Safe Sitter® Registration Form

Student Name: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Secondary): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

## Dear Parent/Guardian(s):

A great deal of information is presented in a short period of time during the Safe Sitter® course. We want every child to succeed in the course, and we will work with you to make alternate plans if your child has difficulty keeping up. Please let us know if there is anything about your child that we should know to help your child succeed. If your child needs accommodations, please let the Instructor or Site Coordinator know as soon as possible.

## Allergies

Does your child have any allergies such as foods or latex? \_\_\_\_\_ No \_\_\_\_\_ YES

If YES, please explain: \_\_\_\_\_

## Emergency Medical Permission

In the event of a health emergency, I authorize (Registered Provider) \_\_\_\_\_ to seek emergency care for my child. My preferred hospital is \_\_\_\_\_. In the event of any accident or health problem which may require the attention of a physician, I may be contacted at (phone) \_\_\_\_\_. If I am not available, \_\_\_\_\_ may be contact at (phone) \_\_\_\_\_ and is authorized to act on behalf of my child.

## Manikin Practice

Safe Sitter® includes practice of rescue skills on CPR manikins. Manikins require strict standards for controlling infection.

I agree not to send my child if he/she has a contagious illness including rash. \_\_\_\_\_ YES

I give permission for my child to practice on the manikins. \_\_\_\_\_ YES

## Other Terms and Conditions

- I will take all responsibility for deciding whether my child is capable and mature enough to babysit.
- I understand the importance of having my child attend each course session and arrive on time.
- The Registered Provider reserves the right to decline the application of any student, or send home any student who, according to the site's discretion, is disruptive or puts him/herself or others at risk.
- I, the undersigned, consent to the use, reproduction and publication by Safe Sitter, Inc. and/or the Registered Provider of pictures or recordings taken of my child during the program for publicity purposes.
- **Acknowledgement of Risk of Injury/Release and Waiver.** I acknowledge and understand that there may be a risk of injury involved in the activities that my child will engage in during the program. In consideration of my child's participation in the program, I hereby agree to release, waive, hold harmless, and shall indemnify Safe Sitter, Inc. and the Registered Provider and their respective employees, members, officers and other staff members from liability to us and our child for any and all claims.
- I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.
- I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the program activities for which he or she has been registered.
- By submitting this registration form I agree to the terms listed above and provide my signature as proof of acceptance.
- I consent and authorize the Registered Provider to submit the name and address of my child to Safe Sitter, Inc. I understand that Safe Sitter, Inc. will not sell, share or trade this information with other organizations.

\_\_\_\_\_  
Electronic signature of parent/guardian (please type your first and last name)

\_\_\_\_\_  
Date

Safe Sitter, Inc. does not provide CPR or other certifications, release the names of graduates, or act as a referral source of babysitters.



# BAXTER REGIONAL MEDICAL CENTER

## PATIENT MEDIA CONSENT/AUTHORIZATION FORM

Patient, Parent or Guardian Name: \_\_\_\_\_

Patient Birth Date: \_\_\_\_\_ Medical Record Number \_\_\_\_\_

I offer my consent and authorize Baxter Regional Medical Center, or any of its affiliated entities, to take photographs, films, audio and/or video, interview me, or publish article(s) or information about me, including placement in a central repository for use or reuse, unless otherwise indicated, for the purpose(s) of: (check all that are applicable)

- Hospital publications, fundraising, publicity, promotion, website or advertising for Hospital or any of its affiliated entities.
- Marketing as defined in the federal or state privacy regulations.
- Research/education programs.
- Publication and newspapers, printed media, radio, television, website and all types of electronic communication media.
- Documenting my injury/condition for evaluation, insurance or legal reasons.
- Other: (specifically describe):

Briefly describe nature of project, including a specific description of what health/personal information will be involved, and the specific audience or type of audience that may be involved:

\_\_\_\_\_  
\_\_\_\_\_

Person(s) or Class of Persons Authorized to Use/Disclose the Information: \_\_\_\_\_

\_\_\_\_\_

Person(s) or Class of Persons Authorized to Receive the Information: \_\_\_\_\_

\_\_\_\_\_

- Photograph or video to be placed in central repository.
- Photograph or video not to be placed in central repository.

Media Outlet(s): \_\_\_\_\_

Scheduled Date(s): \_\_\_\_\_

This Consent/Authorization will expire on the following: (check and complete only one box)

- Date: \_\_\_\_\_
- Event: \_\_\_\_\_

I understand that:

- I may refuse to sign this Consent/Authorization and that it is strictly voluntary.
- If I do not sign this form, my health care, payment for my health care, or gaining enrollment or eligibility in any health insurance plan, unless federal or state privacy regulations allow it, will not be affected.
- I have the right to request cessation of the production of the recording(s), films, or the images , as well as rescind consent prior to use of the product.
- This Consent/Authorization is valid, unless I cancel it in writing, for as long as the Hospital, or any of its affiliated entities, stays in business, or until the applicable expiration date as indicated above. If I do cancel, it will not have any effect on any actions taken prior to receiving the revocation. As long as the Hospital, or any of its affiliated entities, has not taken action in reliance on this Consent/Authorization by mailing, faxing or delivering a letter in person to the Hospital, or any of its affiliated entities.
- If the requester or receiver is not a health plan or health care provider, the released information may be re-disclosed by the recipient and may no longer be protected by federal or state privacy regulations.
- I may be identified in any use of the above materials. I realize that I will not be compensated in any way for the taking or use of photographs, films, audio and/or videotapes, or the publishing of any article or information.
- If the Hospital, or any of its affiliated entities, will receive compensation, either directly or indirectly, from external source(s) because of the use of my media/ information in the project described above, I will be notified of said compensation. And in such an instance, the Hospital, or any of its affiliated entities, will be acting only as the intermediary, making it possible for the aforementioned source(s) to contact me.
- I may see and obtain a copy of the media/information described on this form, for a reasonable copy fee.
- I will receive a signed copy of this Consent/Authorization form.

As such, I relieve and hereby agree to hold Baxter Regional Medical Center, or any of its affiliated entities, free and harmless from any and all liability arising out of the use and/or release of information; interview; photograph/videotape/film; and subsequent publication or broadcast. I understand that the interview(s) or photo session(s) are being carried out upon my consent and authorization and so assume full responsibility.

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Signature of Patient/Parent/Guardian/Patient Representative or Employee/Volunteer/Physician

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Name of Minor, if applicable

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Date

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Street Address

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Relationship to Patient

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City, State, Zip

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Printed Hospital Staff Name, if applicable

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Phone Number