Hello SCCM Parents!

Thank you very much for your interest in the Society of Critical Care Medicine children's program. Our goal is to provide your children with a program they want to attend, while providing you with that critical “peace of mind” feeling so you can attend your event activities.

KiddieCorp is pleased to provide a children's program during the 49th Critical Care Congress. KiddieCorp is in its thirty-fourth year of providing high quality children's programs and youth services to conventions, trade shows and special events. We take caring for your children very seriously.

**Activities**

Activities include exciting themes, arts & crafts, group games, music & movement, board games, story time, dramatic play, etc. We provide activities appropriate for each age group, using safe, sturdy equipment that you can feel comfortable with. Children can make their own choices within KiddieCorp's program.

**Commitment**

Our goal is to provide your children with a comfortable, safe and happy experience. Our staff to child ratios are high to ensure that every child feels special (1:2 for children ages 6 months through 11 months old; 1:3 for children ages 1 through 2 years old; 1:5 for children ages 3 through 5 years old; 1:7 for children ages 6 through 12 years old). KiddieCorp team members are selected according to their integrity, experience, education and enthusiasm. They must be wonderful with kids! You will feel extra secure knowing that the KiddieCorp team is bonded and that we carry ample liability insurance.

**Where, When, For Whom**

The program is for children ages 6 months through 12 years old. The dates for the program are February 16-18, 2020 and will be located at the Hyatt Regency Orlando in Orlando, Florida. Snacks, lunch and water will be provided for children. Menu will be available once confirmed.

**Registration**

See the attached registration and consent form for event information. The advance registration deadline is January 20, 2020. Register early as availability is limited and handled on a first-come, first-served basis. KiddieCorp must receive the registration form to hold reservations. Although every effort will be made to accommodate on-site registrations, there is no guarantee and it is not recommended.

**Need More Information?**

KiddieCorp is always available to answer any questions. Feel free to contact KiddieCorp by phone at (858) 455-1718 or by e-mail at info@kiddiecorp.com. You can also register on-line at [https://form.jotform.com/KiddieCorp/sccmkids](https://form.jotform.com/KiddieCorp/sccmkids).
CHILDREN’S PROGRAM REGISTRATION FORM
- Society of Critical Care Medicine ● February 16 – 18, 2020 -

Parent Info: Last Name ____________________________ First Name ____________________________
E-mail address: ____________________________ Phone: ( ) ____________________________

The pre-registration deadline is January 20, 2020.

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Age(s)</th>
<th>Hours Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday, February 16</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>7:30am - 6:15pm</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Monday, February 17</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>7:30am - 6:00pm</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Tuesday, February 18</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>7:30am - 5:30pm</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

☐ Check here if your child(ren) has any special needs under the Americans with Disabilities Act. We will contact you.

Although every effort will be made to accommodate late or on-site registrations, there is no guarantee that KiddieCorp can accept children unless they are pre-registered.

- KiddieCorp staff does not administer medication. To ensure a safe and fun-filled environment, any child who is ill will not be admitted to the children's program.
- Please label your child's belongings. We will maintain a lost and found, however, KiddieCorp does not accept responsibility for the loss or theft of any toy, book, or other personal items.
- For parents with infants, please bring diaper changing supplies, formula/baby food, and a change of clothes.
Society of Critical Care Medicine
CHILDREN’S PROGRAM CONSENT FORM

• Child(ren)’s first and last names:

<table>
<thead>
<tr>
<th>Name ____________________</th>
<th>Age ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ____________________</td>
<td>Age ______</td>
</tr>
<tr>
<td>Name ____________________</td>
<td>Age ______</td>
</tr>
</tbody>
</table>

• Please list only those allowed to check-out the above child(ren) from the KiddieCorp children’s program (please list first and last names; photo ID may be required when checking out children):

<table>
<thead>
<tr>
<th>Name ____________________</th>
<th>Relationship to child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ____________________</td>
<td>Relationship to child(ren)</td>
</tr>
</tbody>
</table>

• Are any of your children allergic to anything (foods, etc.) or are any of your children taking medication?
If yes, explain: (Note: KiddieCorp staff does not administer or assist in the administration of any medications.)

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

• Do any of your children have health limitations or special needs? Any birthmarks or injuries we should be aware of?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

We, the undersigned adults, agree to place our child or ward in the KiddieCorp children’s program. For ourselves, our child/ward (or children/wards), and each of our respective heirs, assigns, and next of kin, we hereby release and agree to indemnify and hold harmless KiddieCorp, Society of Critical Care Medicine, and their respective officers, directors, agents, employees, assigns, vendors, and the owners and/or lessors of the facility or facilities where the program will be held (collectively “the Releasees”), from any and all claims which may now or hereafter arise from our child/ward’s (or children’s/ward’s) participation in the KiddieCorp program. We do not release claims arising from Releasees for any of their willful misconduct or gross negligence.

Photographs taken throughout the children’s program may be used for promotion and/or publication by Society of Critical Care Medicine and KiddieCorp, Inc.

We have read the above and understand this release. Furthermore, in the event of an emergency or health concern, KiddieCorp has our permission to administer first aid, contact our pediatrician, or obtain emergency medical treatment for our child. We agree to pay all expenses incurred due to an emergency involving our child.

Signature: ___________________________ Date: ____________

Parent/Guardian Name: ___________________________

Address: ______________________________________

City: ___________________________ State: _______ Zip: _______

Phone: (home) (____)____________________

Cell #: (____)____________________ E-mail: _______________________

Pediatrician’s Name: ___________________________ City: __________

Emergency Contact (Someone who is not at this location with you): ___________________________

Emergency Contact Phone: (____)____________________

We suggest you make a copy of your completed form as a reference. Confirmations will not be sent. KiddieCorp reserves the right to limit participation of any child whose presence or behavior may disrupt the program or endanger the health or safety of others.