

## The Fun House Day Care/Preschool Health Care Consultation Plan

1. The town of Hermon provides us with 911 Emergency Service. We have explicit written directions to the day care next to the phone and all of the employees are familiar with the content and location of this document. We have had numerous visits by the Hermon Rescue Squad and Fire Department for educational presentations. They are quite familiar with our location and fire/emergency procedures.
2. For the purpose of controlling communicable illness and disease our contract clearly states the following:

### **ILLNESS:**

*Please inform us if your child has been ill during the night or is not feeling well upon arrival. We will not take severely ill children. For example: oral temperature over 100 degrees; vomiting; diarrhea; strep throat; chicken pox; or contagious skin condition. If your child becomes ill while at the day care, We will phone you and we can decide together if you should come pick him/her up. State Law requires that any medication administered by a childcare provider must be accompanied by a written consent from the parent. We cannot administer even Tylenol or Desitin without your consent. We have forms here for you to sign if necessary. In case of an emergency, we will contact the child's doctor, a hospital or rescue squad immediately, and the parents, as soon as possible, in that order. Regular fees will apply for your child's absence due to illness or days off, regardless of advance notice.*

Each parent is aware of this policy and must sign a contract stating so. We keep up to date and accurate immunization records for each child.

3. This is a copy of our medication consent form. A parent must sign this form at the time of drop off. If it is necessary to get permission over the phone, our employee documents the call and the parent signs the form at the time of pick up.
4. All employees' are aware of these procedures and have certification in infant, child and adult CPR as well as first aide. They are aware of the Day Care Emergency Procedures and fully aware of our first aid cabinet.

## Medication Consent Form

**Carrie Morrison**  
**2776 Rt. 2**  
**Hermon, ME 04401**

**The Fun House Day Care**  
**License No. 209917**

Name of Child \_\_\_\_\_

Name of Medication \_\_\_\_\_ Prescription? YES NO

Dose \_\_\_\_\_ Administer Time \_\_\_\_\_

Administer only if needed \_\_\_\_\_ Administer Regardless \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Administered at \_\_\_\_\_ By \_\_\_\_\_

I have read Health Care Consultation Plan for "The Fun House Day Care /  
Preschool" and agree to act as their Health Care Consultant.

Name \_\_\_\_\_ Title/Lic. # \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Lic. # \_\_\_\_\_