

# Sick Child Policies

Effective \_\_\_\_\_

This daycare is a **well child** care facility. This means that if your child is not feeling well, for any reason, you will need to find alternate care. Please do not bring your child if he/she has a contagious illness or exhibits any of the following symptoms:

- fever of \_\_\_\_\_ degrees or above
- vomiting, in excess of typical infant spit-ups
- diarrhea
- conjunctivitis ("pink eye")
- consistent complaints of ear or stomach pain
- bleeding other than minor cuts and scrapes
- excessive greenish nasal discharge, indicating possible infection
- head lice
- other: \_\_\_\_\_

In general, if your child is too sick to go outside and play, then your child is too sick to attend childcare. If your child becomes ill during daycare, you will be phoned at work and asked to pick your child up immediately.

If your child has a common cold (slight cough, sneezing, clear runny nose and/or a temperature above \_\_\_\_\_ degrees) your child may attend daycare. However, if your child reaches a point when he/she requires constant attention, will not play, cries continuously, whines and wants to be held constantly, then your child will need to stay home.

Any child requiring prescription medication will need to be kept at home for a period of at least 24 hours until no longer contagious, unless accompanied by a signed note from the child's medical practitioner.

Please dispense all medications at home whenever possible. For times when this is not possible, a **Medicine Consent Form** must be filled out in order for me to dispense any medications. **All** prescription *and* over-the-counter medications must be in their original container(s), and prescriptions must display the pharmacist's label with the doctor's name. In addition, all prescriptions prescribed more than \_\_\_\_\_ days/weeks ago must be accompanied by a signed note from the child's medical practitioner.

If you have any questions, please feel free to discuss them with me at any time.

Signatures below indicate acknowledgement of receipt of this form and agreement to adhere to these policies.

Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Date \_\_\_\_\_