

CLEARVIEW MONTESSORI
HEALTH AND
EMERGENCY INFORMATION

Packet # 2

**I HAVE READ, UNDERSTOOD, AND AGREE TO ABIDE BY THE
INFORMATION CONTAINED THEREIN, AND I AUTHORIZE
CLEARVIEW MONTESSORI, INC. TO PROVIDE CARE FOR MY
CHILD.**

PARENTAL SIGNATURE

DATE

EMERGENCY INFORMATION

A. EMERGENCY TELEPHONE NUMBERS:

FIRE DEPT: 911

POLICE: 911

RESCUE: 911

POISON PREVENTION CENTER: 1-800-732-6985

B. HOSPITAL(S) USED FOR EMERGENCIES:

NAME: PROVIDENCE HOSPITAL TELEPHONE: (425) 258-7555

ADDRESS: 916 PACIFIC EVERETT WA

IF YOU PREFER A DIFFERENT HOSPITAL FOR YOUR CHILD, PLEASE FILL OUT INFORMATION BELOW:

NAME: _____ TELEPHONE: (____) _____

ADDRESS: _____

C. EMERGENCY PROCEDURES:

1. Minor emergencies

- a. Staff trained in first aid will take appropriate steps and will refer to American Red Cross First Aid Guide as needed
- b. Record incident on accident log affixed to door of kitchen refrigerator
- c. Report incident to parent (how and when) by phone after situation is under control

2. Life-threatening emergencies

- a. Staff calls 911 (local rescue number)
- b. Staff stays with injured/ill person
- c. As soon as possible, contact parent or emergency contact

3. Serious injury/hospitalization will be reported to the day care Licenser (phone number) Diane Smith 425-339-1801

D. EMERGENCY PROCEDURES IF PARENTS CANNOT BE CONTACTED:

IN CASE OF A MEDICAL EMERGENCY:

IF CLEARVIEW MONTESSORI HAS ATTEMPTED TO CONTACT BOTH PARENTS AND ALSO THE EMERGENCY CONTACT LISTED ON THE ENROLLMENT SHEET WITHOUT SUCCESS, I AUTHORIZE CLEARVIEW MONTESSORI, INC. TO OBTAIN ANY NECESSARY EMERGENCY MEDICAL CARE TO BE PERFORMED BY A LICENSED MEDICAL PRACTITIONER. I ALSO AGREE TO PAY ALL COSTS ARISING FROM SUCH CARE OF TREATMENT. I FURTHER AGREE TO "HOLD HARMLESS & RELEASE" CLEARVIEW MONTESSORI, INC. AND ANY OF ITS EMPLOYEES FROM ALL LIABILITY ARISING FROM THE ACQUISITION OF SUCH MEDICAL CARE.

SIGNATURE

DATE

NECESSARY INFORMATION FOR HOSPITAL ADMITTING CLERK

NAME OF CHILD _____ BIRTHDAY _____ WEIGHT _____

HOME ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE#(____) _____

FATHER'S NAME _____ SOCIAL SECURITY# _____

FATHER'S EMPLOYER _____ EMPLOYER PHONE#(____) _____

FATHER'S EMPLOYER ADDRESS _____

MOTHER'S NAME _____ SOCIAL SECURITY# _____

MOTHER'S EMPLOYER _____ EMPLOYER PHONE#(____) _____

MOTHER'S EMPLOYER ADDRESS _____

MEDICAL INSURANCE PROGRAM _____

F. PROCEDURES FOR EXCLUDING ILL CHILDREN: (The following are examples of symptoms that would indicate the need for exclusion)

Children will not be permitted at school with any of the following:

1. Fever of 100 F (auxiliary) or higher
2. Vomiting on two or more occasions within the past 24 hours
3. Diarrhea - three or more watery stools in a 24-hour period
4. Draining rash
5. Eye discharge or pink eye
6. Fatigue that prevents participation in regular activities
7. Lice or Nits

Children who do not feel well deserve to be home. We do not have the staff available to give the one to one attention that ill children need. If your child becomes ill during the school day, you will be called at home or work. If you cannot come immediately to pick up your child, you will need to make arrangements with a friend or neighbor to do this. If we cannot reach you at home or work we will call your emergency number.

NO OVER-THE COUNTER OR PRESCRIPTION MEDICATIONS ARE GIVEN WITHOUT A WRITTEN AUTHORIZATION FROM A PARENT.

Forms for this purpose are located in the file attached to the front of the refrigerator in the kitchen. Prescription medication must remain in the original containers with the original prescription label attached, and be prescribed for the child receiving the medication.

Signature _____ Date _____

Clearview Montessori's

"Good Health" Policy

Bringing a child to school with any of the symptoms listed below puts other children and staff at risk of getting sick. If ALL parents keep their ill children at home, will have stronger and healthier children. In the long run, this means fewer lost workdays and illness for parents too.

1. Children having Diarrhea, Vomiting, Earache, Headache, Signs of irritability or confusion, Sore throat, Rash, Fatigue that limits participation in daily activities. Sick appearance, not feeling well and /or not able to keep up with the program. Will not be permitted to remain in care.
2. Please keep your child home if they have a *fever*. If temperature is over 100F.
3. Indications of *Conjunctivitis* ("Pink Eye"), child stays home until 24 hours after antibiotic treatment is started.
4. *Hand washing* is one of the most effective ways to control the spread of disease. Please reinforce good, consistent hand washing at home. It is a very valuable learned habit. Reminders to keep hands away from the mouth and nose, as well as "sneezing into their elbow" are also helpful to control the spread of germs.
5. *Children who do not feel well deserve to be at home.* We do not have the staff available to give the one-on-one attention that ill children need. If your child becomes sick during the school day, you will be called at home or work. If you cannot come immediately to pick up your child, you will need to make arrangements with a friend or neighbor to do this. If we cannot reach you at home or work, we will call your emergency number. **YOUR CHILD CANNOT RETURN TO SCHOOL UNTIL YOUR CHILD IS SYMPTOM FREE FOR 24 HOURS.**

I have read and agree to adhere to the above Policy.

Parent Signature

Date