

# Sick-Child Exclusion & Return Policy



My sick-child policy is based on State licensing reg's & Red Cross guidelines, and is pretty darned simple: ***Cooties are NOT welcome here!***

**CHILDREN WHO ARE ILL, INFESTED OR IN PAIN CANNOT COME TO DAY CARE!**

Conditions that require a child to stay home:

- If at anytime between yesterday afternoon and this morning he had a fever, diarrhea, or vomiting.
- If he was up last nite or woke up today with a painful tummy ache, uncontrollable coughing, wheezing, or strong asthma attack.
- If he has anything oozy/goosey such as but not limited to: uncontrollable pus or colored discharge from his eyes, ears, or nose; cold sores; or rash with leaky blisters on hands/feet/mouth.
- If he has ANY lice/nits, scabies or tapeworms; un-medicated ringworm.
- If he was sent or kept home from school for any kind of illness or discomfort.
- If he has any other condition which causes discomfort/pain, or requires unusual amounts of attention.
- *If he is an infant with non-obvious symptoms yet who will not play, cries continuously, whines or wants to be held constantly, then he needs to be at home with mom or dad.*

Children may return to Care when they feel up to par and their condition is controlled/not contagious:

- Fever, vomiting & diarrhea must be down for at least **24 hours**.
- All other conditions must be properly treated & under control.
- Doctor's notes are **required** for all 'bugs' & parasites.
- Recuperating children should be able to reasonably participate in our daily activities.
- *Schoolagers well enough for day care are well enough to go to school!!*

*Per CA DPSS: "The California Health and Safety Code (HSC), is the law upon which all of the Title 22 Child Care Regulations are based. HSC Section 1596.750 defines child care facilities as facilities that provide non-medical care to children under the age of 18. Allowing a licensed child care provider to provide medical services ... would be a violation of the HSC, as well as The Business and Professions Code (B&PC), which governs the Medical Practices Act and the Board of Registered Nursing."*

Misc:

- **Your child's absence will still be charged for** but pleeeeee, do not let that influence you to return your child before he is ready.
- **No dose ups & drop offs!!** I am required to turn away any child brought with obvious symptoms. Also any child who has been 'dosed up' to mask symptoms or whose recovery was misrepresented must be sent home and a doctor's note may then be required for re-admittance. I reserve the right to charge you a cleaning fee or dismiss you entirely if you return your child with untreated or continuing nuisance symptoms (pinkeye, HFMD, lice, scabies, diarrhea, vomit, etc)
- **I do not have a back-up or substitute Care plan** to cover for me during an illness or other time off-- you must maintain your own arrangements. All Care plans including back-ups are the Choice & Responsibility of the Parent.

-- detach here and return bottom portion to provider

Parent's certification:

*"I have read, and am fully aware of, the Sick Child Exclusion & Return Policy for the McClure F.D.C., including my responsibility for making substitute Care arrangements."*

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

# Child Medication Authorization

As the parent/legal guardian of \_\_\_\_\_, I hereby give my permission to the McClure Family Child Care and it's representatives to administer the following medications to my child as-needed.

\_\_\_\_\_ COUGH SYRUP (ie Robitussin, Triaminic, et al including generics)  
Dosage according to child's age/weight as stated on label. May be either parent OR provider supplied.

\_\_\_\_\_ COLD/ALLERGY SYRUP (ie Dimetapp, Benadryl, et al including generics)  
Dosage according to child's age/weight as stated on label. May be either parent OR provider supplied.

\_\_\_\_\_ HEADACHE-FEVER-PAIN RELIEVER (ie Tylenol/generic, Motrin/generic only—**no aspirin**)  
Dosage according to child's age/weight as stated on label. May be either parent OR provider supplied.

\_\_\_\_\_ TOPICAL CREAMS/OINTMENTS (ie Neosporin, Bactine, Hydrocortisone, et al incl. generics)  
Applied as directed on label. May be either parent OR provider supplied.

\_\_\_\_\_ SUNSCREEN (generic or name-brand) Minimum 15 SPF and PABA-free.  
Applied as directed on label. May be either parent OR provider supplied.

\_\_\_\_\_ PRESCRIPTION MEDICATION supplied by parent only, **in original container & prescribed specifically for the above named child by a licensed physician or dentist ONLY.**  
Dosage according to child's age/weight as stated on label.  
*Special conditions apply to the use of nebulizers, syringes, etc under H&S Codes 1596.797 and .798. Special dispensing utensils or tools must be parent supplied.*

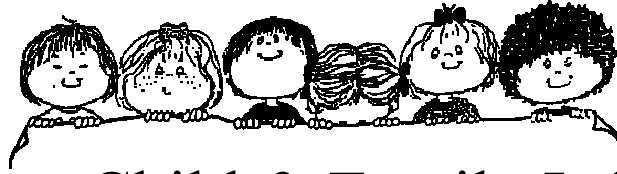
\_\_\_\_\_ OTHER \_\_\_\_\_  
\_\_\_\_\_

This authorization shall be valid for one year from the date signed.



Parent signature \_\_\_\_\_

Date \_\_\_\_\_



# Day Care Child & Family Information

McClure Family Child Care \* 661.722.7071

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Health Ins. Provider: \_\_\_\_\_ Group #: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Conditions/Allergies:** \_\_\_\_\_

Current Medications/Dosages/Drug Allergies: \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **SS#:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

1<sup>st</sup> Sergeant/Commander: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Is there a custody or restraining order in effect for this person? Yes / No

**Father's Name** \_\_\_\_\_ **SS#:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

1<sup>st</sup> Sergeant/Commander: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Is there a custody or restraining order in effect for this person? Yes / No

## Emergency Contacts & Authorized Pick-up Persons:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_



## Day Care Travel Authorization:

To Whom It May Concern: As the legal parent/guardian of \_\_\_\_\_, I hereby give my full authorization & permission for my child to travel with the **McCLURE FAMILY CHILD CARE** & their representatives by car or on foot on all school runs, field trips, errands, and other calls or visits away from the Day Care site.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_



## Medical Emergency Authorization:

To Whom It May Concern: As the legal parent/guardian of \_\_\_\_\_, I hereby give my full authorization & permission to the **McCLURE FAMILY CHILD CARE** & their representatives to seek, retain and/or furnish any medical or dental urgent care or emergency treatment necessary to preserve my child's life, limb, tooth or general well-being as recommended by myself, an EMT, duly licensed physician or osteopath, dentist, or court or law officer. Such treatment may include but is not limited to: RX or OTC medication, x-ray, stitches, surgery, anesthesia, and blood or blood products.

In consideration, the **McCLURE FAMILY CHILD CARE** & their representatives are hereby released from all liability including financial, from the exercise of their discretion during their Care, Custody & Control of my child.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

\* *My religious/medical preference is:* \_\_\_\_\_

\* *I hereby authorize a photocopy of this page to serve as well as the original... Parent initials* \_\_\_\_\_

## \*\* Provider Advisories: \*\*

### re: Facility Capacity

As required by H & S Code Sections 1597.44 (c) and 1597.465 (c), you are hereby informed that I am licensed as a SMALL Family Child Care Home and may provide care for up to **8** children max at a time as determined by Licensing's capacity formula.

Parent Initials \_\_\_\_\_ Date \_\_\_\_\_

### re: 2002 Car Seat Law

The 2002 Car Seat Law (aka 6/60 rule) requires ALL children under 60 pounds or 6 years of age to be in a car seat or booster. **I follow the 6/60 car seat rule—no exceptions!** Parents--if this is not the custom in your car, you need to explain this to your child before you leave him in my Care.

Parent Initials \_\_\_\_\_ Date \_\_\_\_\_

### re: Liability Insurance

I do not carry daycare liability insurance—and the law requires me to tell you that, specifically that I must carry either insurance OR a bond in the amount of \$300,000 annually, OR a statement that neither are carried—and that statement is to be signed & kept in your child's file. Lack of a bond or insurance does not affect your right to bring legal action against this facility.

*"I hereby acknowledge that I have been advised of the insurance requirements for Family Day Care. I fully understand and accept that the McClure FDC does not carry insurance or a bond in accordance with the standards established by the Family Day Care statute. This statement will be kept in my child's file indicating my understanding."*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_