

*Vomiting two or more times in a previous 24 hour period, or any accompanied by symptoms of dehydration or other signs of illness.

*Are not themselves, are sleepy, tired and/or irritable.

*Until a medical evaluation allows inclusion, signs and symptoms of possible illness such as lethargy, uncontrolled coughing, persistent abdominal pain, discolored urine, refusal to eat or drink, irritability, persistent crying, difficult breathing, wheezing or other unusual signs.

If your child has a communicable disease, please inform the Angel C.A.R.E program as soon as possible so that we can notify all parents and take the necessary disinfecting precautions here at our program.

Please note that in case of contagious illness we will notify parents by posting a notice in the building, and sending one home with each child. A child must remain out of the program for a 24 hour period, symptom free, before returning to school. If we send your child home during a session, we will send home a reminder of this precaution. Any form of viral or contagious disease that a child might have had must have a doctor's note stating the well being of the child and that the child is no longer contagious in order to return to Angel C.A.R.E.

If your child is required to take medication while in the care of our program, you must provide not only the medication (whether pill, liquid, topical ointment, nebulizer or epi-pen), but you must also provide the necessary instruments needed to administer the said medication (medication cup, spoon, dropper, syringe, or nebulizer). If over-the-counter medication is used, it must be in the original packaging with all the written material that came with it. Prescription medications must be accompanied by written dosage instructions from child's physician, specifying duration and handling instructions (such as refrigeration) as well as parental consent forms to administer medications. Doctor must write any side-effects associated with medication being administered.

Please be aware of the importance of abiding by these policies, we can only then, insure the health and well being of your child, others and the staff members here at Angel C.A.R.E. In case of an emergency, accident or injury, we will make every attempt to reach you, however our first priority is to call 911. If 911 is not necessary, and we are unable to reach you, we will call your child's pediatrician and the emergency contact person that you have provided. A staff member who is in charge will take personal charge of your child until you or other professional help arrives. A Hospital Release Form that you will sign upon registration will allow Angel C.A.R.E. to act on your behalf until your arrival.

Parent's Signature _____ Date _____

Because we have chosen to administer medication to children, we will comply with all Health and Infection Control regulations pertinent to the administration of medication for the modality of care we are providing. Our MAT certified employees have met the requirement specified in the regulations and we have a health care consultant who has reviewed and approved our health care plan and has submitted this plan to The Office of Children and Family Services. It is only our MAT certified employees who may administer medication in compliance with the regulations of the Office of Children and Family Services, which she was trained for during her MAT Workshop.

Our program will accommodate well children and children who are taking medication in the form of pill, liquid, topical ointment, nebulizer or epi-pen.