

Child's Name: \_\_\_\_\_

## Concord University Child Development Center

### Emergency Contact Change

Statement of Purpose: The purpose of this policy is to provide for on-going correct information regarding access to parents through telephone contact, mail contact, and contact with the parent while at work in the event the staff at the center needs to contact the parent.

When telephone numbers, addresses, and/or places of employment change, it is the responsibility of the parent or guardian to notify the center in writing of the changes. These changes need to be made prior to the actual change.

We realize that family structures also change. If the information on your emergency permission forms changes the parent/guardian needs to come by the office and update your child's form. If this is not possible you can write out the changes, sign and deliver to the Director.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Objection to Medical Treatment

Purpose: This statement will serve as notice by any parent who objects to medical treatment on the grounds that it conflicts with the convictions of his or her religion or conscience.

Any parent who objects to medical treatment whether it is because of religious convictions or conscience will present to the center director with a notarized statement that the child is not to receive treatment in their absence. This statement must contain the child's full name, social security number, birth date and specific directions for notifying the parent if the child is injured. Both parents must sign it if available and notarized.

If the parent's objection is to immunizations the child will be excluded from the childcare setting when there is an outbreak of a vaccine preventable disease. A licensed health care provider will determine when the risk of transmission has passed. The parent will provide a written statement from a licensed health care provider that the risk of transmission has passed and it is safe for the child to return to the childcare center.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sick Child Accommodation

Statement of Purpose: The purpose of this policy is to provide clients with clear guidelines, which meet West Virginia childcare licensing board requirements regarding service to children who are ill or who have symptoms, which may be indicators of contagious illnesses.

Swollen joints, vomiting, chills, skin rashes, inflamed eyes, fever or diarrhea in many instances are symptoms of contagious illnesses. Children who exhibit these symptoms need to see their doctor BEFORE they are brought to the center for the day. The doctor needs to send a written statement that the child poses no risk to the other children.

Children who have strep throat or pink eye may return to the center after they have antibiotics for a period of 24 hours. In the event a child becomes ill after they arrive for the day the following actions will be taken.

- a. Parents will be contacted by phone and given a description of symptoms.
- b. As much as possible, the child will be separated from the other children to provide for his/her comfort as well as limiting the possibility of other children contracting the illness.
- c. Parents will be asked to make arrangements for someone to pick up the child if vomiting or diarrhea occurs more than once or if a temperature exceeds 101 degrees or if the child is too sick to participate in their normal routine.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Integrated Pest Management Policy Notice to Parents

WV law requires parents to be notified of the application of pesticides within the Child Development Center building. These pesticides are applied to control ants, roaches, silverfish, etc. Pesticides shall not be applied unless monitoring indicates pests are present and non-chemical pest management methods have been exhausted.

If you wish to be notified by the Center of the application of pesticide spraying, please sign below and return to the center.

You will be notified 24 hours prior to any pesticide spraying in our building.

I DO/DO NOT wish to be notified of the application of spot or space treatment of pesticides at the CASE/ Concord CDC.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_