

Chapter 54
Manual of Requirements
For Family Child Care
Registration

Only If It Applies

SAMPLE
CHILD
FORMS

Only If It Applies
Child Information Checklist

Name of child _____

Name of parent(s) _____

Item

Date Received

Medical Declaration Statement for School Age Child

Authorization to Leave Premises, School Age Only (Signed)

--Authorization for walks (Signed)

Authorization for Off Premises Transport (Signed)

Authorization for Field Trip and Off Premises Transport (Signed)

Permission Form for Pool Use (Signed)

Permission to Use Sunscreen (Signed)

Child Care Asthma/Allergy Action Card

Medication Administration in Child Care Policy and Procedures (Signed)

Medication Permission Form and Log

MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

Child's Name: _____

Date of Birth: _____ Grade _____

Is your child under any medical/physical restrictions? _____ Yes _____ No

If yes, check all that apply:

____ Asthma ____ Diabetes ____ Convulsions ____ Hearing Loss

Other: _____

Is your child taking any medication? _____ Yes _____ No

If yes, please list: _____

Has your child been under a doctor's care or hospitalized within the last three years?

_____ Yes _____ No

If yes, please explain: _____

Is your child allergic to any medications/foods/insect stings? ____ Yes ____ No

If yes, please explain: _____

Physician's Name: _____ Phone Number: _____

Address: _____ City _____

State: _____ Zip: _____

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities of the Family Child Care program, except as noted above.

➔ PARENT/GUARDIAN SIGNATURE: _____

Authorization to Leave Premises

I, (name of parent) _____,

will permit my child, (name of child) _____,

leave the home of (name of provider) _____

for the following purpose(s):

on the following schedule:

→ Signature _____

Date _____

Authorization for Walks

I, (name of Parent) _____

will permit (name of provider) _____ to escort my child,

(name of child) _____ on walks.

I understand that my child will be supervised by the Provider at all times during the walk.

*The walk will be within the provider's neighborhood. During the walk, Provider will either have someone remain at home or utilize a cell phone or have a telephone answering machine, and Provider will leave a note on the door of the family child care home with the cell phone number and an estimated return time. The walk will involve no entrance into a facility unless the facility has been indicated on the blanket permission slip. During the walk, Provider will have First Aid kit and emergency contact numbers in their possession.

→ Signature: _____

Date: _____

*In accordance with N.J.A.C. 3A:54-5.11, Manual of Requirements for Family Child Care Registration.

Authorization for Off Premises Transport

Regularly Scheduled Transportation (i.e. morning and/or afternoon pick-up/drop off)

I, (name of parent) _____,

will permit (name of Provider) _____

to transport my child, (name of child) _____

by private automobile. I understand that state law regarding the use of child passenger restraint systems and the possession of a valid driver's license, automobile insurance, and inspection sticker will be observed. First aid kit and emergency contact information will be in the car on our trip along with my cell phone number _____.

I give my permission for (name of Provider) _____

to take (name of child) _____

from (address) _____

to (address) _____

on (date) _____ **-OR-** on the following days (circle): Mon Tues Wed Thurs Fri

at (time) _____ (am/pm), and we expect to return by (time) _____ (am/pm).

I understand my child _____ will be properly supervised by provider _____ at all times.

During these times, I, his parent, named _____ can be reached at (phone number) _____ in the event of an emergency.

Parent Signature: _____

Date: _____

Provider Signature: _____

Date: _____

Authorization for Field Trip and Off Premises Transport

I, (name of parent) _____,

will permit (name of Provider): _____

to transport my child, (name of child) _____

by private automobile. I understand that state law regarding the use of child passenger restraint systems and the possession of a valid driver's license, automobile insurance, and inspection sticker will be observed. First aid kit and emergency contact information will be in the car on our trip along with my cell phone number _____.

I give my permission for (name of Provider) _____

to take (name of child) _____

to (address) _____

on (date) _____ at (time) _____ (am/pm) and we expect to return by (time) _____ (am/pm).

I understand my child _____ will be properly supervised by provider _____ at all times.

During this trip, I, his parent, named _____ can be reached at (phone number) _____ in the event of an emergency.

Parent Signature: _____

Date: _____

Provider Signature: _____

Date: _____

Sample Permission Form for Pool Use

Note: Written permission from parents is required before the child uses any wading pool or swimming pool at your home or anywhere else.

I, (name of parent) _____ will permit my child,
(Name of child) _____ to use a pool located at
(Address of pool site) _____.

I understand that proper supervision will be provided at all times.

Signature _____ Date _____

Permission to Use Sunscreen

My child, _____, may have sunscreen applied to exposed skin areas before going outside on warm sunny days.

I will provide a sunscreen with a sun protection factor (SPF) of 15 or more (without Paba is recommended). Paba gives some children blotchy rashes.

I will mark my child's name on his/her sunscreen PLASTIC container with a permanent marker and keep it in child's diaper bag at Family Child Care.

→ Signature of Parent/Guardian: _____

Date: _____



CHILD CARE ASTHMA/ALLERGY
ACTION CARD



ID
Photo

DAILY ASTHMA/ALLERGY MANAGEMENT PLAN

- Identify the things that start an asthma/allergy episode

(Check each that applies to the child)

- Animals — Bee/Insect Sting — Chalk Dust — Change in Temperature
- Dust Mites — Exercise — Latex — Molds
- Pollens — Respiratory Infections — Smoke — Strong Odors

— Food: _____

— Other: _____

Comments: _____

- Peak Flow Monitoring (for children over 4 years old)

Personal Best Peak Flow reading: _____

Monitoring Times: _____

- Control of Child Care Environment (List any environmental control measures, pre-mediations, and/or dietary restrictions that the child needs to prevent an asthma/allergy episode.) _____

Phone: _____

Other Physician: _____

Phone: _____

Physician Child Sees for Asthma/Allergies: _____

Relationship _____ Phone _____

Emergency Phone Contact #2 _____ Name _____

Relationship _____ Phone _____

Emergency Phone Contact #1 _____ Name _____

Other Contact Information: _____

Phone (H): _____ (W): _____

Address: _____

Parent/Guardian Name: _____

Phone (H): _____ (W): _____

Address: _____

Parent/Guardian Name: _____

Grade: _____ DOB: _____

Name: _____

Daily Medication Plan for Asthma/Allergy

Name	Amount	When to Use
1		
2		
3		
4		

OUTSIDE ACTIVITY AND FIELD TRIPS

The following medications must accompany child when participating in outside activity and field trips:

Name	Amount	When to Use
1		
2		
3		

ASTHMA EMERGENCY PLAN

Emergency action is necessary when the child has symptoms such as _____

or has a peak flow reading at or below _____

- **Steps to take during an asthma episode:**

1. Check peak flow reading (if child uses a peak flow meter).
2. Give medications as listed below.
3. Check for decreased symptoms and/or increased peak flow reading.
4. Allow child to stay at child care setting if: _____

5. Contact parent/guardian

6. Seek emergency medical care if the child has any one of the following:

→ No improvement minutes after initial treatment with medication.
→ Peak flow at or below _____.
→ Hard time breathing with:
 → Chest and neck pulled in with breathing.
 → Child hunched over.
 → Child struggling to breathe.
→ Trouble walking or talking.
→ Stops playing and cannot start activity again.
→ Lips or fingernails are gray or blue.

**IF THIS
HAPPENS, GET
EMERGENCY
HELP NOW!**

ALLERGY EMERGENCY PLAN

• Child is allergic to: _____

- **Steps to take during an allergy episode:**

1. If the following symptoms occur, give the medications listed below.
2. Contact Emergency help and request epinephrine.
3. Contact the child's parent/guardian.

- **Symptoms of an allergic reaction include:**

(Physician, please circle those that apply)

→ **Mouth/Throat:** itching & swelling of lips, tongue, mouth, throat; throat tightness; hoarseness; cough
→ **Skin:** hives; itchy rash; swelling
→ **Gut:** nausea; abdominal cramps; vomiting; diarrhea
→ **Lung*:** shortness of breath; coughing; wheezing
→ **Heart:** pulse is hard to detect; "passing out"
*If child has asthma, asthma symptoms may also need to be treated.

- **Emergency Asthma Medications:**

	Name	Amount	When to Use
1			
2			
3			
4			

- **Special Instructions:**

- **Emergency Allergy Medications:**

	Name	Amount	When to Use
1			
2			
3			
4			

- **Special Instructions:**

Physician's Signature

Date

Parent/Guardian's Signature

Date

Child Care Provider's Signature

Date

Medication Administration in Child Care

Policy and Procedures

PURPOSE: *This policy was written to encourage communication between the parent, the child's health care provider and the childcare provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in child care.*

INTENT: *Assure the health and safety of all children in our Family Child Care setting. This is particularly true when medication is necessary to the child's participation in childcare. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.*

GUILDING PRINCIPLES and PROCEDURES:

1. When ever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to childcare, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to childcare to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to childcare. This is for the protection of the child who is ill as well as other children in childcare.
3. Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/guardian. A "Permission to Give Medication in Child Care" form is attached to the policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the childcare provider.
4. "As needed" medications may be given only when the child's health care provider completes a Permission From that lists specific reasons and times when such medication can be given.
5. Medications given in the Family Child Care setting will be administered by the provider or a designated alternate, assistant or substitute and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
6. Any prescription or over-the-counter medication brought to the Family Child Care Home must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:
 - ✓ Prescription medication must have the original pharmacist label that includes the pharmacists phone number, the child's full name, name of health care provider

prescribing medication, name and expiration date of medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in childcare.

- ✓ Over the counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any other special instructions for administration and storage, and expiration date must be clearly visible.
 - ✓ Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the family childcare setting.
7. Examples of over-the-counter medications that may be given include:
 - ✓ Antihistamines
 - ✓ Decongestants
 - ✓ Non-aspirin fever reducers/pain relievers
 - ✓ Cough suppressants
 - ✓ Topical ointments, such as diaper cream or sunscreen
 8. All medications will be stored:
 - ✓ Inaccessible to children
 - ✓ Separate from staff or household medications
 - ✓ Under proper temperature control
 - ✓ A small lock box will be used in the refrigerator to hold medications requiring refrigeration.
 9. For the child who receives a particular medication on a long-term daily basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.
 10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or able to be used by the child.
 11. Records of all medication given to a child are completed in ink and are signed by persons designated to give the medication. These records are maintained at the Family Child Care Home. Samples of the forms used are attached to this policy and include:
 - ✓ Permission to Give Medication in Child Care
 - ✓ Universal Child Health Record
 - ✓ Emergency Contact Sheet
 - ✓ Medication Administration Log
 - ✓ Medication Incident/Error report
 12. Information exchange between the parent/guardian and childcare provider about medication that a child is receiving should be shared when the child is brought to and pick-up from the family child care home. Parents/guardians should share with staff any problems, observations, or suggestions that they have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.

13. Confidentiality related to medications and their administration will be safeguarded by the Family Child Care Provider. Parent/guardians may request to see/review their child's medical records maintained at the Center at any time.
14. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.
15. Parent/guardian will authorize the Family Child Care Provider to contact the pharmacist or health care provider for more information about medication the child is receiving, and will also authorize the health care provider to speak with the Family Child Care Provider in the event that a situation arises that requires immediate attention to the child's health and safety particularly if the parent/guardian cannot be reached.
16. Parent/guardian will read and have an opportunity to discuss the content of this policy with the Family Child Care Provider. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy including single copies of the records referenced in this policy.

Effective date of this policy _____

Parent/legal guardian Signature(s) _____ Date _____

_____ Date _____

Family Child Care Provider Signature _____ Date _____

REFERENCES: *Information for the Medication Administration in Child Care Policy was derived from the current **Manual of Requirements for Child Care Centers in New Jersey** and **Caring For Our Children - The National Health and Safety Performance Standards for Out-of-Home Child Care Programs**, second edition.*

3A:54-6.9 Sick children

May be distributed to providers who administer medication

Sample Medication Permission Form and Log

Child's Name _____ Date _____

Name of medication _____

☐ Prescription ☐ Non-prescription ☐ Doctor's approval required

Amount to be administered _____

Times to be administered _____

Refrigeration necessary ☐ Yes ☐ No

Possible adverse reactions _____

Parent's signature _____

Date and time(s) administered

Adverse reactions observed

[illegible][illegible]