



HOPE MONTESSORI SCHOOL
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HEALTH CARE POLICY

IN THE EVENT OF ILLNESS OR THE OBSERVATION OR SUSPICION OF A CONTAGIOUS CONDITION, I UNDERSTAND THAT THE FOLLOWING PROCEDURES WILL BE TAKEN:

1. The child will be isolated.
2. The child's parents will be notified of the illness/ contagious condition and will be expected to pick up the child from school as quickly as possible.
3. If the parent cannot be reached, or if they are unable to come promptly, the emergency references listed in the emergency form will be called to pick up the child.
4. It is a policy of Hope School, that for the Health and well-being of all, if a child is sent home due to illness, that child may not return to school for a period of at least one school day, unless accompanied by a note from the physician indicating that the illness is not contagious and the child is indeed well enough to return.
5. It is a policy of Hope School to require that a child not be sent to class if within the last twenty four hours the child has run a fever, vomited or displayed a rash or unusual skin condition, unless accompanied by a note from the physician indicating that there is no contagion and the child is in good health to attend.

IF MEDICATION OR DIETARY RESTRICTION IS REQUIRED.

1. ALL MEDICATIONS (PRESCRIPTION OR NON-PRESCRIPTION) MUST BE BROUGHT INTO THE SCHOOL BY AN ADULT AND GIVEN TO THE DAY CARE PROVIDER. IT IS EXPRESSLY FORBIDDEN BY LAW THAT THE CHILDREN BRING MEDICINE TO SCHOOL WITHOUT ADULT SUPERVISION.
2. If a child is to receive a prescribed medication while at school, the parents need to fill out a Medicine Permission form, available from the Day Care Provider, upon arrival at school.
3. All non-prescription drugs must also be accompanied by a Medicine Permission Form.
4. According to the Commonwealth and County Health Regulations no non-prescription medication can be given at school for a period of more than ten days without a note from the physician.
5. If for any reason a child must observe dietary restrictions which might influence what the child eats or drinks while at school, we must have a statement from the parent or the physician to that effect which will be kept in the child's folder at school.

I UNDERSTAND THE SCHOOL'S POLICIES ON ILLNESS, MEDICATION AND DIETARY RESTRICTIONS, AND AGREE TO COOPERATE FULLY WITH THESE PROCEDURES.

I WILL INFORM THE CENTER WITHIN 24 HOURS OR THE NEXT BUSINESS DAY AFTER MY CHILD OR ANY MEMBER OF THE IMMEDIATE HOUSEHOLD HAS DEVELOPED ANY COMMUNICABLE DISEASE.

PARENT'S SIGNATURE: _____ DATE: _____

In order to comply with both Commonwealth and County Health Department regulations, this form must be completed, and returned ON THE FIRST DAY of school. If any of the above information changes during the year, we ask that you notify us of any changes immediately.

THANK YOU.