



# FAMILIES OF FAITH CHRISTIAN DAY CARE

24466 W Eames St • Channahon, IL 60410  
www.fofca.com • 815-557-8107

## FOFCDC MEDICAL RELEASE

I hereby authorize the staff and director to give consent for any and all necessary emergency medical and First Aid care for my child while he/she is in FOFCDC's custody.

We acknowledge that we have medical and/or hospitalization coverage, and that we will look to that coverage for reimbursement. We specifically agree not to assert a claim or file a lawsuit against F.O.F.C.A. for personal injury damages should there be an accident or injury. If those circumstances occur, I agree to confine or limit any attempt to recover personal injury damages against the insurance carriers who provide liability coverage to Families of Faith, to us or to third parties and/or their insurance carriers not affiliated with or connected to F.O.F.C.A., who otherwise might be responsible for accidental injury.

I (we) hereby authorize any adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis/treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in case of an emergency in which the before named physician cannot respond.

I (we) hereby release, forever discharge and agree to hold harmless F.O.F.C.D.C. and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned adult the child-participant that occur while said child is participating in any trip or activity with F.O.F.C.D.C.

The undersigned further hereby agrees to hold harmless and indemnify said school, its directors, employees, volunteers and agents for any liability sustained by said school as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force throughout the student's enrollment at F.O.F.C.D.C. and in effect until written notice of revocation or withdrawal is received by F.O.F.C.D.C. at its office at 24466 W. Eames Street, Channahon, IL 60410. It is the responsibility of the parent or guardian to notify the school of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

## EMERGENCY CARE

Each child must have a signed consent release form authorizing emergency care and first aid. If a child gets a minor wound during the program such as a bump, scratch, or nose bleed, a child care worker will administer first aid and injury report will be filled out. If a child has an injury that requires immediate medical attention, 911 will be called and then the parents or emergency contacts will be called. Unless otherwise requested on your emergency file card, your child will be transported to Presence St. Josepha Medical Center in Joliet by our local emergency squad. A child care worker will accompany the child to the hospital. You are responsible for all medical charges

*My signature below affirms that I have read, understand and accept the terms and conditions of this contract.*

**I have read and understand FOFCDC's Medical Release, Emergency Care, and Illness Policy (back)**

\_\_\_\_\_  
Mother's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's/Guardian's Signature

\_\_\_\_\_  
Date

## ILLNESS POLICY

We would appreciate a phone call telling us the cause of your child's absence. This is helpful in notifying other parents in cases where their child may have been exposed to a contagious illness such as chicken pox, measles, flu etc. It also helps the teacher in her planning.

**If** your child is sick, then he/she should not be brought to daycare. For the protection of all children & staff, exclusion from the center is required by the Department of Children and Family Services if any of the following exist:

- Chicken Pox: All the chicken pox must have a dry scab and no new pox must have appeared for the last 3 or 4 days.
- Pinkeye: Eyes must be clear (no redness or secretion) or bring a doctor's note verifying that the child may return to school.
- Ringworm: The child must be using a doctor-prescribed medication and a Band-Aid must cover the ring.
- Strep Throat: We must have a doctor's note or the child must be on an antibiotic for a minimum of 24 hours.
- Lice: When a case of head lice is found in the school, all students in the class will be inspected. If another student in the class is found with head lice, a note will be sent home from the office. If your child is found with head lice, we must have proof verifying that the child has been treated. The director will need to check the child before returning to the classroom. All nits must be removed from the hair before the child will be admitted back into the classroom. If nits are found, the child will return home with the parents.
- Fever: Once the office has determined a child has a fever, he must be picked up within 30 minutes and may not return to school until he has been fever-free for 24 hours. This will aid in preventing sickness among the other children.
- Fever with vomiting or diarrhea (even though he/she may not have a temperature): The parent will be required to pick up the child within 30 minutes of our call. Also, if a child has been vomiting or has diarrhea during the night, before school, or on the way to school, he/she needs to stay home that day. He/She must be free from vomiting or diarrhea for at least 24 hours before returning to school.
- Any illness which prevents the child from participating comfortably in program activities.
- Any illness which calls for greater care than the staff can provide without compromising the health and safety of other children.
- We reserve the right to refuse a child returning to school with any unknown skin rash or other unknown illness until a doctor's note has been obtained.
- A Medical Release and Emergency Card must be signed by a parent/guardian and be kept on file in the office for each student. You must update the card if any information changes.
- Absolutely no over the counter medications are administered by teachers or aides in the daycare. We will give Doctor prescribed medications to a child if they are in the original bottle with the child's name and within the dates on the bottle. A form must be filled out.

### **If a child becomes ill at the program, the following will ensue:**

- The child will be isolated under the care of a child care worker.
- The parent(s) or guardian will be called to pick the child.
- If the parent(s) or guardian cannot be reached, emergency names will be contacted.

A doctor's signed release is necessary for child to come back to the program due to an infectious disease.

You are asked to report absences by 10:00 am. You can notify us at 815.557.8107 as soon as possible.