



HEALTH POLICY

1. Each child must have an annual physical examination before the start of school in September.
 - a. A medical report form, such as the Child in Care Medical Statement, must be filled out and signed by a physician and returned to Step By Step Preschool on or before the first day of school.
 - b. The child must have all immunizations required by the New York State Department of Health prior to entering school with dates noted on the form. (Please see "School Vaccination Requirements" at health.ny.gov for more information.)
 - c. If a child has not received the required immunizations, a note must be sent by the physician or parent stating the reason.
2. If your child has a fever of 100 degrees or higher, fatigue, and/or symptoms of a cold or other communicable illness (including diarrhea), we ask that he/she remain at home. A child should not return to school until he/she remains fever-free (under 100 degrees) without the aid of medication for 24 hours or 24 hours after an upset stomach or diarrhea.
3. Parents must notify the school if their child has contracted a communicable disease such as conjunctivitis (pink eye), impetigo, head lice, strep throat, etc.
4. Weather permitting; there will be a period of outdoor play during the school day. Any child who cannot play outdoors should not be sent to school.
5. Parents must sign this form and the Step By Step Preschool Enrollment Form (Blue Card) giving the school permission to provide medical attention in the case of an emergency.
6. In the event of the following situations, Step By Step will take action as outlined below:
 - a. **Illness**: The parent will be called to pick up their child as soon as possible. If a parent cannot be reached, an emergency contact will be called.
 - b. **Minor Injuries**: The parent will be called and first aid will be administered. If a parent cannot be reached, an emergency contact will be called.
 - c. **Medical Emergencies**: If immediate emergency treatment is necessary, "911" will be called and then the parent will be called. If a parent cannot be reached, an emergency contact will be called and informed of what action has been taken.

I HAVE READ THE HEALTH POLICY AND AGREE TO THE TERMS SPECIFIED ABOVE.

Parent's Signature: _____ Date: _____

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