

Medical Policy

All medication that will be kept at preschool must go to the director's office to be checked.

1. Correct medical forms completed.
(IRP Release, ODJFS 01217, ODJFS 01236)
 - A. Signed by parent and director.
 - B. If training required parent will train the staff on the medication.
2. Correct medical care plan completed. (ODJFS 01236)
 - A. Signed by parent and director.
 - B. If training needed parent will train the staff on the medication.
3. Check and record dates of expiration on medication on master allergy list.
4. All over the counter medication must be in original package with dosage directions visible, child's full name needs to be written on container.
 - A. Make sure dosage states allowed for child's current age
 - a. If child's current age is not listed then ODJFS form 01217 needs to be completed by the physician bottom half of form.**
 - b. If directions state dosage for the child's current age then parent can sign ODJFS form 01217 top half.**
 - B. All over the counter medication needs to have an expiration date at least one year from the time it is given to Indian Run Preschool.
5. All prescription medication must be in original container with label attached, with specific dosages. If medication has multiple pieces (i.e. Epi pen or inhaler) make sure an additional label is on the actual medication. Child's full name must be on the container.
6. Once all medication has been checked a label will be made and all of the child's medication will be in one zip-lock bag with label attached to outside of the bag. A copy of all forms will be included in the child's medication bag.
7. Medication will then be given to classroom for teachers to review and sign form ODJFS 01236 and be trained by parent if needed.
8. Monthly review of medication and all paperwork as well as expiration dates on master allergy list; on first working day of month by administration.
9. The school will document when medication is administered on ODJFS form 01217.
10. Medication shall be stored out of reach of children.
11. Medication must be administered to the correct child, in the correct amount at the correct time.
12. All parents will be notified properly.

You must also download the ODJFS forms 01217 and 01236 from our website.



Dear Parents:

We require and provide a safe environment for our students. Our food policy is contained in the handbook on page 6. We welcome students with food allergies, but in connection with providing this environment, we require the execution of the attached release.

If you have any further questions regarding this matter please contact myself or the preschool board.

Sincerely,

Julie E. Stroup

RELEASE

In consideration of services provided or to be provided by Indian Run United Methodist Church Preschool, (hereinafter "IRUMCP) and all agents or employees of IRUMCP, including, but not limited to its Director, board members, and teachers, (hereinafter collectively referred to as "Releasees"), the undersigned parent(s) or guardian(s) (hereinafter referred to as "Releasor(s)" voluntarily and knowingly execute this form with the express intention of effecting the extinguishment of obligations as herein set forth.

Releasor(s), with the intention of binding him/herself, his/her spouse, his/her minor children, heirs, legal representatives, successors and assigns, expressly releases and forever discharges each and all the Releasees from any and every present and future claim, demand, action or right of action of whatsoever kind, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death and/or property loss resulting or to result from any exposure to or ingestion of any food allergen which occurs during attendance at IRUMCP by _____
(student's name)

Or during that student's participation in any activities conducted by or at the direction of any or all of the Releasees or students of IRUMCP.

Releasor(s) assumes full responsibility for and risk of bodily injury, death, or property incurred by _____ as a result of the above-described activities and
(student's name)
services, whether said injury, death or loss of result from negligence or otherwise.

Releasor expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Releasor(s) states that he/she has read the foregoing Release, knows the contents thereof and signs this form of his/her own free act.

Printed Name of Releasor (Mother or Father or Legal Guardian)

Date

Signature of Releasor (Mother or Father or Legal Guardian)