This information pack outlines the health policies for Redwood Montessori Nursery and functions of the Nursery Nurse and clinic.

**Overview**

The primary role of the Nursery Nurse and clinic:
- To provide emergency or first aid care to sick or injured children by the Nurse.
- Administer nursing care appropriate to the identified needs of the children.
- To assist the doctor in conducting medical examinations for all children.
- Inform parents of any illness outbreaks at the Nursery.
- Implement health and safety policies throughout the Nursery.
- Maintain medical information for all children.
- Maintain and submit required records and reports as required by the Ministry of Health.

**What we ask of parents:**
- To be aware of and adhere to the health policies that are outlined in this document.
- Complete and return the medical forms and consent forms.
- Ensure all medical forms and a copy of your child’s vaccination records are given to the nursery prior to their attendance.
- Ensure all contact details are correct on ALL appropriate forms.
- Please inform us if your child is absent due to any illness, injury or medical treatment they may have had.
Policies

Policy on Administration of Medication

Children who are taking medications may attend the Nursery provided they are not suffering from an infectious illness, are not displaying any signs, symptoms of illness and they are well enough to fully participate in Nursery activities.

Policy for Administration of Medication

1. The nursery will only accept medication that has been prescribed by a doctor. Written instructions by the doctor need to be provided.
2. The written instructions must include information regarding the reason for the medication, dosage to be given and specific administration times.
3. No medication will be administered without written consent from the parent on the appropriate medical authorisation form. This form is kept in the clinic.
4. All prescription medications must be delivered by the parent or their authorised representative directly to the nurse. Verbal consent will not be accepted.
5. Medications must be stored in their original pharmacy or manufacturer labelled container.

Policy on Accidents and Emergencies

Unfortunately accidents do sometimes happen at the nursery even thought we try to prevent them.

In the event that your child has a minor accident whilst in our care:

1. The Nursery Nurse/Director or your child's Teacher will inform you at collection time. However if your child travels by bus you will be informed at the time of the accident by telephone. If your child suffers any form of injury to head or face you will be informed immediately and your child will also receive a head injury advice leaflet if appropriate.
2. First aid treatment will be administered by the Nurse or one of the first aid trained members of staff first at the scene.
3. Accidents are recorded on an Accident form. This will tell you what has happened, where it happened and how your child was treated. This form will be signed by the practitioner who dealt with the accident and the Nurse. You will be asked to sign this form when you collect your child. You will be given a copy to take home and a copy is filed in your child's personal file.

In the event of a serious accident:

1. You will be contacted immediately to advise you of the accident and what action has been taken.
2. The Nurse or a qualified first aid member of staff will be with your child at all times.
3. An ambulance will be called.
4. All information will be recorded on the appropriate Accident and incident form/written report.
Infection control policy

In order to prevent the spread of illnesses in the Nursery the following regulations apply:

1. Please **DO NOT** send your child to school if they have:

   - A skin rash. Any unidentified rashes or spots need to be diagnosed by a Doctor prior to Nursery attendance. A letter of diagnosis is required, with advice on nursery attendance before they return.
   - A fever. Temperature greater than 37.7C. Your child needs to be ‘fever free’ for at least 24 hours without the aid of medications containing paracetamol (calpol/infant panadol) or ibuprofen before they can return to nursery.
   - If your child has had any vomiting or diarrhoea (or both), it is essential that they do not attend the nursery until 48 hours after the symptoms have stopped and they have resumed their normal diet.
   - A heavy nasal discharge.
   - A persistent cough.
   - Red, watery, painful/itchy eyes with or without discharge.

**General advice**

- A wound or sore must be covered with a well-sealed waterproof dressing or plaster.
- If you have any concerns or are unsure if your child can attend Nursery for any reason/illness please contact the Nurse for advice prior to sending them.

Please note: If your child is assessed by the Nurse and deemed to be a possible source of infection to other children, you will be contacted to take them home immediately.
**Exclusion period for Common childhood illnesses.**

**Rashes/skin infections.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Recommended period to be kept away from nursery</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken pox</td>
<td>Five days from the onset of the rash</td>
<td>Any weeping spots should be dry before returning to nursery. Varicella vaccination is available.</td>
</tr>
<tr>
<td>Cold sores</td>
<td>None</td>
<td>Avoid contact with sores. Cold sores are generally mild and self limiting.</td>
</tr>
<tr>
<td>German measles</td>
<td>Six days from the onset of the rash.</td>
<td>Preventable by immunisation (MMR).</td>
</tr>
<tr>
<td>Hand, foot and mouth</td>
<td>Early stages of illness. When child has fever.</td>
<td>Further exclusion may be necessary in some circumstances and will be confirmed by the Nurse.</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Until lesions are crusted and healed, or 48 hours after commencing treatment.</td>
<td>Antibiotic treatment speeds healing and reduces the infectious period.</td>
</tr>
<tr>
<td>Measles</td>
<td>Four days from the onset of the rash</td>
<td>Preventable by vaccination (MMR)</td>
</tr>
<tr>
<td>Molluscum contagiousum</td>
<td>None</td>
<td>Molluscum should be covered in the nursery setting.</td>
</tr>
<tr>
<td>Ring worm</td>
<td>None</td>
<td>Topical treatment is required</td>
</tr>
<tr>
<td>Roseola (infantum)</td>
<td>Only if a fever is present</td>
<td>No treatment is required. A letter from the doctor is required to confirm the rash is roseola.</td>
</tr>
<tr>
<td>Scabies</td>
<td>Child can return after first treatment.</td>
<td>Household and close contacts also require treatment.</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>Child can return 24 hours after commencing appropriate medical treatment</td>
<td>Antibiotic treatment recommended for the infected child.</td>
</tr>
<tr>
<td>Slapped cheek</td>
<td>None</td>
<td>Please inform the nursery. Contact with pregnant women should be avoided as it can affect the unborn child.</td>
</tr>
<tr>
<td>Shingles</td>
<td>Exclude only if rash is weeping and cannot be covered.</td>
<td>Can cause chicken pox in those who are not immune i.e have not had chicken pox.</td>
</tr>
<tr>
<td>Warts and Verrucae</td>
<td>None</td>
<td>Verrucae should be covered in the nursery setting.</td>
</tr>
</tbody>
</table>

**Respiratory infections**

<table>
<thead>
<tr>
<th>condition</th>
<th>Recommended period to be kept away from nursery</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td>Until recovered and fever free.</td>
<td>This ensures maximum infection control.</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>Until five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment</td>
<td>Preventable by vaccination. After treatment non infective coughing may continue for several weeks.</td>
</tr>
</tbody>
</table>
## Other infections

<table>
<thead>
<tr>
<th>Condition</th>
<th>Recommended time to be kept away from nursery</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctivitis</td>
<td>Once has completed 24 hours of topical treatment.</td>
<td>Antibiotic eye drops are only required if the conjunctivitis is bacterial.</td>
</tr>
<tr>
<td>Glandular fever</td>
<td>None</td>
<td>Only exclude if child is unwell</td>
</tr>
<tr>
<td>Head lice</td>
<td>Can return to nursery once treatment initiated.</td>
<td>Treatment is recommended only where live lice have been seen. Close contacts should also be checked. Parents should regularly check their child’s hair for lice with a lice detection comb.</td>
</tr>
<tr>
<td>Mumps</td>
<td>Exclusion for 5 days after onset of swelling</td>
<td>Preventable by vaccination (MMR)</td>
</tr>
<tr>
<td>Threadworms</td>
<td>None</td>
<td>The child, family members and household contacts need to be treated with oral medication. The infected individual will need to repeat the medication after 2 weeks to ensure complete eradication. Good hand washing measures essential at home &amp; in the classroom.</td>
</tr>
<tr>
<td>Tonsillitis</td>
<td>Only if the child is unwell, has fever.</td>
<td>There are many causes, most cases are due to viruses, are self-limiting and do not need antibiotics.</td>
</tr>
</tbody>
</table>
Dietary policy

At Redwood we actively encourage children to be healthy and eat healthy food. What your child eats affects their mood, behaviour, health, growth and energy levels.

- Sweets, Chocolate bars/biscuits, fizzy drinks are **NOT** encouraged in the Nursery as they provide little nutritional value.
- We recommend that you replace sugary snacks with fruits, raw vegetables, starchy foods (sandwiches), or proteins. Advice and ideas on snack boxes will be sent out to parents throughout the year.
- Please bear in mind that a lunch box for Nursery should provide your child with one third of their daily nutritional intake. It should also contain enough food for 2 snack times depending on the duration of their Nursery session.
- Redwood Montessori Nursery is a “Nut Free” environment due to children attending with nut allergies. For the same reason no food sharing is allowed.
- Please be aware of the foods that you bring into the Nursery as many contain nuts, such as peanut butter, nutella spread and some pesto sauces. These are **NOT** allowed.
- If your child has food allergies/intolerances please complete the appropriate forms in the pack and inform the Nurse.
- Hydration is an important factor. Please ensure your child has their own labeled water bottle. Water is recommended to keep children well hydrated.

Sun Care Policy

Redwood Montessori Nursery has a sun safety policy that has been developed to ensure that all our children can enjoy the sun safely. Outdoor play areas are shaded from the sun. We also request you supply an appropriate sun hat and sunglasses for your child to wear outside. However, these alone will not protect your child’s skin from sun damage.

The following procedures are used at Redwood to keep children safe in the sun:

- Children must have a clearly labeled sun hat. Preferably with a wide brim to protect ears as well as head. If possible please also provide appropriate children’s sun glasses.
- Children must have a once a day high factor sun cream applied before attending Nursery.
- During the hotter months the temperatures and UV index are monitored daily and children are only allowed outside for 20 minute periods before 11am and after 3pm.
Confidentiality Policy

- All information for your child's medical record will not be released to third parties, except when written permission is given from the parents/guardians or information is required by law.

Policy on Immunisations

- By checking on children's immunisation status it helps us to make sure children at Redwood Montessori Nursery have had the best protection before they start with us. If you would like to discuss immunisations or have any concerns please speak to the Nurse.

- Parents are required to submit a vaccination record and copy of their child's vaccination history prior to their enrollment at Redwood Montessori Nursery.

- Parents are required to complete a disclaimer form if they have decided not to have their child immunised against certain immunisations.

Forms and Declarations

The following forms and declarations are required to be submitted to the Nursery prior to your child’s commencement at Redwood Montessori Nursery:

- Completed medical forms.
- Updated immunisation record.
- Consent for the administration of medication.
- Consent for emergency medical treatment
- Consent for the nursery medical examination.
- Declaration that you have understood the infection control policy.
- Immunisation disclaimer

Please note all consents are valid for the duration of time that your child attends Redwood Montessori Nursery.
## Personal/Contact Details

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Child’s date of birth</th>
</tr>
</thead>
</table>

**Gender (please circle)**

<table>
<thead>
<tr>
<th>Male/female</th>
<th>Nationality</th>
</tr>
</thead>
</table>

**Father’s name**

**Mother’s name**

**Father’s mobile**

**Mother’s mobile**

**Alternative Emergency contact**

**Contact name**

**Family Doctor**

**Clinic name**
Medical Record

Please complete all sections of this medical form and consent declaration. It is mandatory that this form is completed and returned to the Nursery prior to your child starting at Redwood Montessori Nursery. The information provided will be confidential.

Child's Medical history

Has your child suffered any of the following:

<table>
<thead>
<tr>
<th>Illness</th>
<th>Yes (Date)</th>
<th>No</th>
<th>Conditions</th>
<th>Yes (Date)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
<td>ADHD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diptheria</td>
<td></td>
<td></td>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infective hepatitis</td>
<td></td>
<td></td>
<td>Bronchial asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td>Congenital heart disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td></td>
<td>Diabetes Mellitus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td>Vision difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poliomyelitus</td>
<td></td>
<td></td>
<td>Eczema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
<td>Epilepsy/Seizures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
<td>Febrile convulsions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarlet fever</td>
<td></td>
<td></td>
<td>Gastric disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td>Hearing difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whooping cough</td>
<td></td>
<td></td>
<td>Serious accidents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Child______________________ (please print)

Classroom________________________

Name of Parent________________________

Signature ____________________________

Date_______________________________

Please provide 2 recent passport size photographs of your child.
Medical awareness

For any "Yes" responses, please provide more details, including treatment, dates and any medication taken on a regular basis:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Any other illness/conditions not included in the list above. Please give details:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If your child takes any medication on a regular basis please specify the type of medication and what treatment/condition it is for:

________________________________________________________________________

If your child commences any new medication, treatment, or changes his/her existing medication, the Nursery Nurse must be informed accordingly.

Name of Parent______________________ (please print)

Signed________________________________

Date___________________________
Allergy Alert

Does your child have any known allergies (please specify)?
__________________________________________________________

Does your child have anaphylactic reactions to allergies (please specify)?
__________________________________________________________

If your child carries an Epipen you will need to provide the nursery with one.

You will also be required to discuss and complete an appropriate action plan for administration with the Nursery Nurse.

**Dietary information**
Does your child have any special dietary requirements (please specify)?
__________________________________________________________

Does your child have any other requirements or restrictions that we should be aware of?
__________________________________________________________

Consent for Nursery Medical Examination

Abu Dhabi Health Authority requires medical examinations of children in nurseries and schools. We would like to reassure parents that the nursery nurse will be present during medical examinations. As parents you will be notified prior to the examination taking place. If you have any queries regarding this examination please contact the nursery nurse.

I consent to my child having a medical examination at Redwood Montessori Nursery.

Name of Parent: __________________________ (please print)

Signature: __________________________ Date: ____________
**Consent for emergency treatment**

In the event that your child requires emergency treatment, you will be contacted and asked to collect your child from the Nursery. If the Nursery is unable to contact you, your child will be taken to a doctor or hospital for diagnosis and treatment. Efforts to contact you will continue.

I consent to my child being taken to a doctor/hospital in the event of a medical emergency.

Name of Parent_____________________________(please print)
Signature_________________________ Date________________

**Parental consent**

**Consent for the administration of non prescription medication**

In the event that your child develops a fever or an allergy it may be necessary to administer some medication or treatment. Please be advised you will be contacted prior to any medication being administered. The medication listed below may be administered if assessed as necessary by the nurse. If your child is unable to use any of these medications please inform the Nurse directly so that an alternative medication can be discussed.

<table>
<thead>
<tr>
<th>Name of drug</th>
<th>Ages</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panadol Baby and Infant suspension 120mgs/5ml</td>
<td>From 2 months</td>
<td>Fever</td>
</tr>
<tr>
<td>Optrex eye wash</td>
<td>All</td>
<td>Sand, dirt in eyes, eye irritation</td>
</tr>
</tbody>
</table>

Parental Consent

I consent to my child being given any of the above medications, should it be deemed necessary by the nurse.

Name of Parent_____________________________(Please print)
Signature_________________________ Date________________
## Certificate of Immunisation

Kindly indicate the immunisations your child has received.
Please attach a photocopy of your child’s immunisation record for verification.

<table>
<thead>
<tr>
<th>Type of Immunisation</th>
<th>1st Dose</th>
<th>2nd Dose</th>
<th>3rd Dose</th>
<th>Booster</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCG screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DPT</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hib</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.T</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chicken pox)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I confirm that this is a true record of my child’s immunisation history.

Name of child__________________________________________ (please print)

Date__________________________________________________

Name of Parent________________________________________

Signature________________________________________________
Declarations.

I can confirm that I have read and understood the Infection Control Policy for Redwood Montessori Nursery.

Name of parent _____________________________ (please print)

Signature _____________________________

Date _____________________________

Immunisation Disclaimer

Immunisation is voluntary and is based on the system of informed consent and patient autonomy. As a parent if you have used the information available to you and decided not to have your child immunised against certain immunisations please give details in the box below:

<table>
<thead>
<tr>
<th>Name of vaccination</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am aware of the risks of infection that my child may be at risk of whilst attending nursery and have spoken to my child's doctor regarding immunisations.

Name of Parent/Guardian _____________________________ (please print)

Signed _____________________________

Date _____________________________