

FORMULA FOR INFANTS

Charlie Brown Preschool and Child Care will provide Parent's Choice Infant formula with Iron to infants in our care upon parent request. Your infant's Doctor must provide a statement of approval for the use of this formula before the formula is available to you.

_____ Parent will allow infant to be fed the provider's choice of formula. Parent has given provider a signed permission slip from the infant's doctor.

_____ Parent will provide the formula for infant in this provider's care.

INFANT SAFE SLEEP POLICY

I have read and understand the Infant Safe Sleep Policy in the Parent Handbook.

Parent's Signature _____

Date _____

TAKING TEMPERATURE OF CHILDREN WHO APPEAR TO BE ILL

I give permission to have my child's temperature taken if he/she appears to be ill. The On-Site Director or nursing staff will contact me to pick-up if the child's temp is 101 or higher. For a child two months and younger, the parent will be contacted if any fever is present.

Parent's Signature _____

Child's Name _____

Date _____

Sleep Positioning or use of Sleep Devices Physician Authorization for Exception to Policy

Charlie Brown Child Care Centers follows the recommendation of the American Academy of Pediatrics by placing infants on their backs without use of pillows or blankets, and removing all toys from the crib for sleep.

However, should another sleep position or sleep device be necessary due to medical diagnosis, the child's physician (M.D. or D.O.) must state the child's medical diagnosis, and give his/her recommendations for appropriate sleep.

Physician:

Please complete the following regarding _____
(child's name)

Medical Diagnosis: _____

Recommendations for sleep position or device: _____

Comments:

Please follow the above recommendation for sleep position/device until

(specify time period)

Physician Signature: _____

Parent Signature: _____

Date: _____